

THE
CONTAGIOUS DISEASES ACTS
(WOMEN,)

FROM A SANITARY POINT OF VIEW:

SHOWING HOW AND WHY SUCH DESPOTIC MEASURES NOT ONLY FAIL TO
REPRESS VENEREAL DISEASE, BUT TEND TO INCREASE
ITS MOST SERIOUS MANIFESTATIONS.

CONTAINING THE SUBSTANCE OF A PAPER READ BEFORE THE
MEDICAL SOCIETY OF LONDON, JAN. 17TH, 1870.

BY CHARLES BELL TAYLOR, M.D., F.R.C.S.E.,

FELL. MED. SOC., LOND.,
LATE PRESIDENT PARISIAN MEDICAL SOCIETY.

PART II.

The state maxim of the wisest of the Greeks was this:—"An injustice to the meanest citizen is an insult to the whole community."

"Grant that women who trade in their persons are the meanest of citizens, they do not cease to be citizens, much less to be women. It is not only becoming in us—it is our absolute duty—to be indignant, and loudly to declare our indignation, at the indecent, depraving, and barbarous treatment to which certain women are now subjected, as well as at the overthrow of legal safeguards for all women."

"When bodily instrumental outrage is inflicted on females, no man with a heart in him will speak of it softly. Women—nay, wives and women who recently have been or are about to be mothers! Such violation of the person is an intrinsic wickedness—an indefensible atrocity. Legislation is desecrated, Parliament is dishonoured, resistance becomes nature's own command, when such things are enacted."—PROFESSOR NEWMAN.

LONDON: TWEEDIE, 337, STRAND,
NOTTINGHAM: BANKS, BOOKSELLER.

1870.

PRICE, ONE SHILLING.

PRINTED BY
STEVENSON, BAILEY, AND SMITH,
LISTER GATE, NOTTINGHAM.

**The First Part of this Pamphlet,
showing the Cruelty and Injustice
of the Contagious Diseases Acts
in a legal sense, may be had of
F. C. Banks, 31, Mansfield Road,
Nottingham.**

Post Free, 4d.

PREFACE.

IN the following pages, which I have written solely from a sense of duty, I have endeavoured to show—FIRST: That there is no adequate necessity in this country for any legislation on the subject of Venereal Contagious Diseases. Because these Diseases have for years prior to the enactment of this measure been declining both in extent and virulence, both in the army and out of it;—because there is only one disease of venereal origin—true syphilis—that affects the constitution, or can on any pretence be considered a matter of State concern;—because true syphilis constitutes but a small fractional proportion of the mass of cases which are classed under this head, and because, in the language of Mr. SIMON, “in an enormous majority of cases this worst form of venereal infection is not of more than transient importance to the person attacked;”—because, also, the milder forms of venereal disease (nine-tenths, at least) though unimportant in themselves, are still great checks upon incontinence, and, consequently, the means of saving thousands from the more serious malady. I extract the following from the leading quarterly journal of medical science, *The British and Foreign Medico-Chirurgical Review*: “Surely 455 persons suffering from syphilis in one form or another in a poor population of a million and a half, such as that which seeks gratuitous medical aid in our London population, cannot be held to be a proportion so large as to call for exceptional action on the part of any government;” “and it must be remembered,” says Mr. SIMON, “that London illustrates the utmost dimensions the evil can attain in this country.”—See p. 20.

SECOND: That the means proposed are certain to fail in the attainment of the object in view. Because absolutely healthy women (by mediate contagion—see p. 39) communicate infection;—because the examinations cannot be carried out in a very large proportion of cases;—because it is impossible to distinguish numerous affections to which most respectable women are subject, from venereal diseases;—because the women examined are exposed to great danger of infection from contaminated instruments;—because the examination and restriction of one sex only, for a disease common to and propagated by both sexes, is not only a cruel injustice, but a delusion and a snare;—because the system calls into existence and fosters a numerous class of clandestine prostitutes, who, from fear of detection, conceal their diseases, and become permanent sources of infection;—and because true syphilis can so rarely be detected in the female, that the examinations, by giving a false security, offer a direct inducement to thousands, especially married men, to contract disease.—See p. 43.

I quote the following from MM. PUCHE and FOURNIER's tables: “Of 873 men who contracted syphilis in Paris, 625 owed this worst form of infection to intercourse with registered and regularly inspected women,”—see p. 44; and the following statement from M. LE COUR, the head of the Parisian police employed in carrying out these regulations: “We may fairly consider the 9,500 patients

who are treated in hospitals as representing certainly not more than one-fifth of the venereal patients of Paris. We thus reach a total number of 47,500, a formidable number, although it is probably *below the truth*." — See p. 57. I contrast this statement with the one already quoted from *The British and Foreign Medico-Chirurgical Review*, and remind my readers that the population of Paris and its suburbs is not more than one-half that of London.

THIRD: That other means, entirely unobjectionable, Christian, merciful, and in full accord with the free spirit of English institutions, would suffice to check the spread of disease, in proof of which I have quoted a mass of evidence to show that women are most eager to apply to hospitals for treatment when diseased; and that there is no need whatever for police spies, disgusting periodical examinations of healthy women, or the infamous degradation of the sex generally, such as is too surely accomplished by the present law.

I quote the following from evidence taken before the Venereal Commission in 1864: "Much more good may be done by free hospitals than by police interference. Police regulations can get only a certain number of women, whereas free hospitals would attract all suffering from disease, even those who had contracted it clandestinely, and who would escape the police."—*J. R. Lane, surgeon to the London Lock Hospital*. (See p. 60)

Before the enactment of this disgusting law, no subject of this realm could be imprisoned without some high and felonious crime were sworn against him or her. Suspicion was no warrant for suspension of *habeas corpus*; facts only were accepted as proofs; and of these facts judge and jury formed their opinion. "This," as that great constitutional historian HALLAM has observed with regard to private persons, "is the foundation of all our liberties; remove but a corner-stone, and you upset the whole fabric." Under the provisions of the Contagious Diseases Acts, British subjects, not even suspected of any crime, are deprived of their liberty for months, and periodically subjected to personal violation of the very grossest kind, at the mere suggestion of policemen. Surely the authors and promoters of this law, who have thus abolished all legal safeguards of woman's honour, and sanctioned the perpetration of the most atrocious indecencies upon helpless women and children, have but small claim upon our forbearance when they advance the puerile plea of decency or delicacy as a reason for hearing only one side of this unspeakably important question. Those who make sanitary laws are bound to learn something of sanitary matters, and not jump to conclusions from garbled and one-sided statements emanating from interested sources, or anonymous writers in sympathizing journals, whose editors dare not publish replies.

What I have written now passes from my control. Some of the facts adduced will be perhaps best appreciated by medical men, but they are so expressed that all may understand, and there are few who will not, on reflection, be able to verify the greater portion.

THE CONTAGIOUS DISEASES ACTS.

PART II.

THUS far I have tried to show that the principle of the Contagious Diseases Act is unconstitutional and unjust, inquisitorial, and cruel ; moreover, that even now the same principle is creating an intense nausea all over the Continent, and a hatred of executives embarrassing to Governments.*

I shall next demonstrate that as a sanitary measure the Act is also inexpedient ; that it has been enacted without any adequate necessity ; that it is certain to fail in the attainment of the object in view ; and that, inasmuch as it insists on doing in one way that which can only be accomplished in another, it is an apt illustration of Pascal's definition of tyranny—"La tyrannie est, de vouloir avoir par une voie, ce qu'on ne peut avoir que par une autre."

The truth is, that such despotic measures are utterly useless so far as the repression of disease is concerned ; and what has already been stealthily legalised has been against the judgment of some of the first physicians and surgeons in the world, and is confronted by disclosures from abroad which exhibit that efforts at police control not only fail to stamp out disease, but breed evils so monstrous and horrible that our own ills are not to be named with them.

It is not the first time that the island has been frightened by false alarms about the extent and malignancy of venereal affections. A like panic, in high quarters, went nigh to overwhelm the country in 1837, a calamity most happily averted by the accession of Her

* It is impossible to ignore the fact, that in whatever country applied this curse is directly and bitterly opposed to the feelings of the inhabitants. During the recent *émeutes* in Paris, it was declared impossible to call in the aid of special constables, as the hatred and contempt of the respectable middle and lower classes for the police agents would prevent their acting with them. One of the witnesses, M. Groux, at the trial of Prince Pierre Bonaparte, would insist upon, contemptuously, calling the police officers "*mouchards*," and on being corrected by the President, said, "I will therefore address them as something equally despicable,—namely, policemen in plain clothes,"—the attire of the agents for carrying out the Contagious Diseases Acts, both on the continent and at our own garrison towns. Once let Englishmen feel that the laws of this country are not based on the principles of morality and even-handed justice, and a similar feeling here will render it impossible for our present force to maintain order.

Majesty to the throne. It was thereupon deemed impossible for any minister to approach so young a Queen with the mockery of adulation, and solicit her to stain her virgin hand by setting its sanction on gross and outrageous indecencies to be perpetrated on her sex—indignities heretofore undreaded by the meanest, and altogether without parallel in the annals of England. So it was suddenly discovered that the pestilence which had appalled them was not so urgent after all; in fact, the whole measure was quietly shelved until a more convenient season. None of the harm, so confidently predicted, came of this enforced *Laissez faire* policy; and whether in reference to health, to liberty, to religion, or to morals, our King Log has always proved infinitely preferable to the King Stork of neighbouring countries.

For some mysterious reason, apparently not very clear to ministers themselves,* the so-called frightful pestilence, after a space of thirty years (during which it has progressively diminished, both in extent and virulence), is unearthed again; and, in the interests of the immorality attendant upon a large standing army, furbished with sensational adjuncts, in order to terrify the ignorant inhabitants of a free country into abject submission to the foulest form of continental despotism.

We are falsely, yet perseveringly, assured that gout, cancer, rheumatism, and consumption†—one might almost add all other ills that flesh is heir to,—are manifestations of syphilis. Articles from anonymous writers, bitten with the mania of universal syphilis, are published in widely circulating lay papers, which solemnly inform the public that two out of three of the entire population of this country are affected with some form of venereal disease.‡ Soldiers suffering for a few days from slight attacks of gonorrhœa or non-

* Some clue to the origin of this invasion of the guaranteed rights of British subjects is afforded in Sir George Grey's speech at Newark. Sir George observed:—"When he saw an enormous army had been collected in England, for which the people of this country would have large sums to pay—when he saw England portioned out into military districts, and both the male and female portion of the populace subjected to military law—a restraint which was never before known—was he to be blamed if he gave good advice, and say, 'think well what you do. Englishmen have never been subjected to such things in past times. They are a noble, a patient people—look at the way in which the poor have borne their distress and poverty—but drive them not too far, or you may find you have committed grievous errors.'"

† John Hunter says—"Syphilis never becomes mixed or confounded with any other disease; it never terminates in any other affection;" and Lancereaux remarks—"It is important to know, that the morbid unities, like the natural species, do not become transformed. Syphilis is always itself, and never becomes scrofula or tuberculosis." These reflections, he observes, are "applicable to the *pretended* transformations of syphilis into other diseases." This opinion is shared by all the most eminent authorities of the present day.

‡ See *Leeds Mercury* and other papers.

infecting sores, affections of no consequence either to themselves or others, are gravely reported as invalided on account of venereal diseases; * as though they had been incapacitated for life; when, in point of fact, the vast majority need not have been confined for a day.

One severe case of syphilis, such as occurs not oftener than once or twice in a thousand cases of venereal disease, is cited as though it were a fair typical example of all cases of contagious disease. We are incorrectly assured that the disease is constantly transmitted from parent to offspring, and serious and most unimportant local affections are all lumped together in statistical records, as though they were all cases of syphilitic disease.†

Certain metropolitan papers even improve upon ordinary statistical methods by multiplying the weekly attendants at various London Hospitals by 52, a procedure by which one patient, if ill for six months, is made to represent 26 sufferers; if ill for a year, 52; and so on in proportion, until the most absurdly false figures are built up and paraded to mislead the public. Influential but misguided journalists, profoundly ignorant of the difficulties, dangers, and sources of fallacy which beset the attempted state disinfection of prostitutes, and oblivious of the entire failure of similar attempts elsewhere, are yet, to all appearance, insanely convinced that vain and aggravating efforts at police control, would suffice to stamp out disease, and that the opinions of a few gentlemen, given for the most part in avowed ignorance of the provisions, nature, and practical effects of the law itself;‡ preclude all further objection, whether from medical science, from moral instincts, or rights at common law. Hence, on the one hand, they insult and hector over the ladies of England; on the other they have persistently refused to hear or publish anything emanating from scientific opponents of the measure.§

* See "Justina's" reply to Miss Garrett's letter in *Pall Mall Gazette*.

† See report of the special correspondent of the *British Medical Journal* on the Government Lock Hospitals. All local lesions are classed under the head of syphilis; all discharges, however originating, as gonorrhœa.

‡ The great majority of those who gave evidence before the Venereal Commission stated that they had not read the Contagious Diseases Act, and had had no experience of the operation of similar laws. Hasty generalisation is the besetting evil of our profession, and it would be difficult to adduce an instance where more fatal results have followed than the present.

§ The conduct of the Press in reference to this matter is unparalleled and inexplicable. To my knowledge hundreds of letters and articles exposing the atrocity and inexpediency of this law have been refused and suppressed by editors of various papers. *No article or letter* in favour of the Act, so far as I am aware, has remained unanswered or refuted, but almost without exception replies are refused; one side of the question only is presented to the public. Surely we over-estimate our privileges when such a conspiracy of silence in the interest of debauchery is possible.

Now, I contend that this course of action on the part of the promoters of the new law is not only intolerable, but pernicious to a degree, and none the less so (as some seem to think)* because the deadly blow aimed at the first principles of British jurisprudence, falls at present only upon the weakest and most helpless of the nation.†

First, so far as our army is concerned, it is actually a fact that the mortality of soldiers, from all causes, *has diminished one half* during the last fifteen years and it is also a fact that contagious diseases of venereal origin, in lieu of increasing to an appalling extent, as we were taught to believe they were, have really for some years prior to the enactment of this measure declined so steadily and so considerably, that had the fall in the per centage of cases treated taken place *after* instead of *before* this shameful addition to our statutes, the advocates of the measure would have pointed triumphantly to results, as conclusive of the question in a sanitary point of view.

Thus I find, on referring to the War Office statistics, prepared by Dr. Balfour, the head of the statistical branch of the Medical Board, and published in the Parliamentary Blue Books, that in the year 1860 there were 440 admissions to hospital per 1000 of mean strength for venereal disease in Devonport and Plymouth. Without any Contagious Diseases Act the number was reduced in the year 1864 to 289, a fall of 151 cases per 1000 at these two stations.

* Many persons say it is only prostitutes that will suffer, forgetting the universal law, that when injustice is done all must suffer.

† Hallam records that in 1737, a Bill was brought into Parliament to prevent smuggling. In some of its features it resembled the Contagious Diseases Act. On the oath of two witnesses, who swore that they had good cause to believe a man was a smuggler, the man might be arrested. The Bill was warmly opposed by the Lord Chancellor Talbot, and by Lord Hardwicke, a crown lawyer. Lord Hardwicke said—"Facts only can be admitted as proof by our laws, and of these facts a *Judge and Jury* must form their opinion. A great security for our liberties is this, that no subject of this realm can be imprisoned unless some felonious and high crime be sworn against him or her; this, with respect to private persons, is the very foundation stone of all our liberties; and if we remove it—if we but knock off a corner—we may probably overturn the whole fabric." Under the sanction of the Contagious Diseases Act, women are arrested for the crime of being out of doors. Modest women, as recorded in Mr. Parsons' evidence, have been *brought up* by the police and told, that if they did not sign a voluntary submission they would be taken before the magistrates; they are actually *imprisoned* for the crime of "menstruation," and are liable, at the option of a surgeon, to nine months' imprisonment, with the lowest characters, on suspicion (the diagnosis is one of extreme difficulty, and mistakes must constantly occur), of being in a contagious condition.

George Thompson said, in a speech at a meeting at Newcastle:—"I take my stand in antagonism to the Contagious Diseases Acts on the ground that such enactments exceed the rightful and legitimate functions of the legislature. My conviction is, that these Acts exceed the constitutional power of Parliament; they have sanctioned a measure which is at once immoral in the highest degree, indecent and revolting, and a most atrocious invasion of the sacred, and, as I believe, indefeasible rights belonging to every woman,—even to the most degraded and most outcast."

In Chatham and Sheerness, during the year 1860, there were 351 admissions to hospital per 1000 of mean strength, on account of venereal diseases. During 1865 the admissions were 292 per 1000, a reduction, without any Act, of 59 cases per 1000.

At Shorncliffe, during the year 1860, there were 327 admissions per 1000 of mean strength, for venereal diseases. Without any Act this number was reduced in the year 1865-6 to 219 per 1000, a diminution of 108 cases per 1000.

At Woolwich, during the year 1860, there were 473 admissions per 1000 of mean strength. Without any Act in 1865, the admissions for the same cause were reduced to 204 per 1000, a fall of 269.

At Aldershot, during the year 1860, the admissions per 1000 from this cause were 339. In 1866 there were 233, a fall, without any Act, of 106 cases per 1000.

At Portsmouth, in 1860, the admissions were 503 per 1000. Subsequently in 1865 they were reduced to 329, that is a reduction, without legislative interference, of 174 per 1000.

Thus at Devonport and Plymouth there was a reduction of 151 cases; at Chatham and Sheerness, of 59; at Shorncliffe, of 108; at Woolwich, of 269; at Aldershot, of 106; at Portsmouth, of 174 per 1000 of mean force, without any interference whatever, showing before the passing of the Act to these stations a decline of 857 cases per 6000 of mean force. In fact Dr. Balfour, in his evidence before the Commons' Committee, says, "It may be stated generally, that prior to the introduction of the Act there had been at *all* the stations a *progressive decrease* in the amount of this class of diseases." Here is positive proof that contagious diseases were rapidly, steadily, and most satisfactorily declining, when an outcry was raised for despotic laws, on the grounds of their progressive increase at military stations. I shall shortly show that since the passing of the Act this decline has ceased. At present I merely wish to call attention to the incontrovertible fact that disease was declining in the army when the people of the country were asked to sacrifice their most cherished rights on the ground of its appalling increase. The same observation, as to the general decline of contagious diseases, applies, and with even greater force, to the civil population. In fact, there is only one form of venereal disease, true syphilis, and that the most rare, which ever affects the constitution, or which could on any plea be considered a matter of state concern. This worst form of disease is, as M. Auzias Turenne has remarked, on the wane all over Europe, and is certainly less common and less severe in England, as I can, from my own experience, affirm, than in countries where Contagious Diseases Acts are in force. Indeed, syphilis

has been declining both in extent and virulence with each succeeding decade for the last three centuries, until we can scarcely recognise it as the malady described by our forefathers. And it is a well-known fact, one which every practitioner can verify by a reference to his own cases, that the great majority of persons afflicted with this the worst form of venereal disease, are rapidly and permanently cured, never suffering afterwards themselves, or entailing disease on their offspring. Lancereaux, than whom no more modern or higher authority can be quoted, says in reference to this point, "In the majority of cases, the general eruption once over, syphilis ceases as if it had completed its entire orbit." * * "In these cases (far from being rare) syphilis is but an abortive disease, slight and benignant, it does not leave behind any troublesome trace of its passage." * * "It is impossible to lay *too much stress* upon this point at the present day, when syphilis inspires *exaggerated* fears, it cannot be too widely known that this disease becomes dissipated completely in a great number of cases after the cessation of the cutaneous eruption, and sometimes even with the primary lesion." Again, this eminent author remarks, "An infected father does not necessarily transmit the disease from which he is suffering. More than this, we see children born and grow up quite healthy, both of whose parents are, or have been, syphilitic." (See *Treatise on Syphilis, Historical and Practical*, by Dr. E. Lancereaux, head of the Clinical Department of the Faculty of Medicine in Paris, Laureate of the French Institution of the Faculty of Medicine, and of the Imperial Academy of Medicine, &c.)

The editor of the *British and Foreign Medico-Chirurgical Review* for January, 1870, after endorsing John Hunter's statement, "that syphilis is always syphilis, and cannot be transmuted into other diseases," and remarking upon the amount of "deplorable nonsense" that has been recently written on this and allied subjects, says: "Syphilis is not a disease which is fatal to adults in its primary or secondary manifestations, and the majority of those who have undergone the disease live as long as they could otherwise have expected to live, and die of diseases with which syphilis has no more to do than the man in the moon—they are active, useful, and wealth-producing members of society so long as they continue in it."

Many years ago, Ambrose Paré, alluding to this form of venereal affection, said: "the disease is evidently getting milder and milder every day;" and Mr. Syme, of Edinburgh, in the last edition of his *Standard Work on Surgery*, remarks: "It is now fully ascertained that the poison of the present day (true syphilis) though arising from similar local sores, does not give rise to the dreadful consequences which have been mentioned. The case may be tedious, and the skin,

throat, or periosteum may be slightly affected, but none of the serious effects *that used to be so much dreaded* EVER appear, and even the *trivial* ones just noticed *comparatively seldom* present themselves. We must therefore conclude either that the violence of the poison *is worn out*, or that the effects formerly attributed to it depended on treatment.”

Dr. Burns Thompson, writing to the *Edinburgh Daily Review*, in reference to the Contagious Diseases Acts, says: “How can anything be said in palliation of acts like these? If it could be shown that the maladies with which they deal are exceedingly prevalent and dreadfully fatal, and that stupendous physical benefits might be expected from their application, many might be tempted to endure them at least for a time, and allow the *silly outcry* about innocence suffering from disease to soothe them into inaction.” Further, he remarks: “In respect to the extent and malignancy of these ³diseases, my own testimony might be esteemed of some little value. I have done professional duty for fifteen years in the districts usually supposed to suffer most from such ailments, and for ten years have stood at the head of the Edinburgh Dispensary, where I have had good opportunity of knowing the prevailing diseases, and I can only say that the representations given by the advocates of these Acts are to me perfectly unintelligible; they seem to me to be gross exaggerations.” He adds: “It is needless to enlarge on these points, for if, as is affirmed by the first living surgeon (Professor Syme), the maladies are trivial, it will be hard for Miss Garrett or Berkeley Hill to rear on such a foundation a superstructure of stupendous physical benefits, and nothing else could palliate for one moment the existence of these loathsome Acts.”

Mr. Simon, medical officer of the Privy Council, and one of the first pathologists in Europe, remarks: “In an immense majority of cases syphilis is not of more than transient importance to the person attacked;” and M. Fournier, M. Ricord’s distinguished successor, and surgeon to the Hôpital du Midi for venereal diseases (males) in Paris, remarked, in a recent lecture, “that in 100 cases of *syphilis*, judiciously treated, not more than five would prove of any serious consequence.”

Mr. Acton remarks: “So rare is death from uncomplicated syphilis that many a surgeon has never witnessed a single instance, and those attached to hospitals where venereal diseases are specially treated have so few opportunities of witnessing *post mortems* of persons who have succumbed to them that it becomes interesting to enquire how they produce death.” He subsequently shows that where death has been attributed to syphilis it has been due to other and accidental causes, such as erysipelas and various other supervening maladies. The whole mortality of prostitutes at St. Lazare, the female venereal hospital at Paris, was but 16 in 1853 and 17 in 1854, and the deaths were caused

by non-syphilitic affections, the germs of which they had contracted before coming into hospital. In the year 1855 there were only 14 deaths at the Lourcine Hospital out of 1,384 patients admitted for venereal diseases, and of these only *one* could be attributed to syphilis. In St. Bartholomew's Hospital, London, an institution that has 650 beds for the reception of patients, and admits nearly 6,000 patients, not a single female died from syphilis, although some of the worst cases are admitted to the wards, and the most accurate accounts are kept. Mr. Byrne, surgeon to the Dublin Lock Hospital, where there is no Contagious Diseases Acts, when asked before the Venereal Commission whether syphilis had increased of late years, replies, "There is not nearly so much syphilis as there used to be. Formerly we saw persons suffering from depression of the nasal bones and other accidents from this disease *almost daily in the streets*; but no such thing is to be seen now. You will not see *such a case for years*." Mr. John Wyatt, Surgeon-Major to the Coldstream Guards, in reply to Viscount Lifford (see Blue Book), referring to his experience before the enactment of the Contagious Diseases Acts, says: "I can speak *most fully* to the fact that the diseases (venereal) are of a very much milder character than they used to be in former days. The class of syphilitic diseases which we see are of a *very mild character*, and in fact none of the ravages which used formerly to be committed on the appearance and aspect of the men, are now to be seen." Again he remarks, "This is the experience of all surgeons, both civil and military, that venereal disease has become much mitigated and of a milder type. It is an undoubted fact that the character of the disease is very much diminished in intensity." If this evidence had been given after instead of before the enactment of the Contagious Diseases Acts, would it not have been considered conclusive as to the success of the measure? Surely, if the prevalence and malignancy of syphilis is the *raison d'être* of this measure, we must look for its most awful manifestations in the persons of the women who are most exposed to infection. If the disease is so extensive as has been stated, prostitutes cannot escape contamination; in fact, the association for extending the act to the civil population would have us believe that one in four are always affected with some form of venereal disease; and yet Mr. Acton remarks "that when the prostitute withdraws from her career, as withdraw she will,—for they last as long as other people, and die at last of maladies common to respectable humanity,—it is extremely rare to find one with her nose sunk in, palate gone, or nodes on the shins." He further observes: "Mild results now form the penalty of frailty. No other class of females is so free from general disease as this is, and if we compare the prostitute at thirty-five, with her sister, who

perhaps is the respectable married mother of a family, or a toiling slave in the over-heated laboratories of fashion, we shall seldom find that the constitutional ravages often thought to be necessary consequences of prostitution exceed those attributable to the cares of a family, and the heart-wearing struggles of virtuous labour."

Mr. Holmes Coote, surgeon to St. Bartholomew's Hospital, says: "It is a lamentable truth that the troubles which respectable hard-working married women of the working class undergo, are more trying to the health and detrimental to the looks than any of the irregularities of the harlot's career;" and Dr. Drysdale, Physician to the Metropolitan Free Hospital, remarks, "As to the effect of employment upon mankind, in no case does the inquiry afford more food for reflection than in the case of prostitutes. It used to be presumed that prostitutes lived a few years of sin and misery and then died, but this view has not been found to be in unison with the facts. To sum up what will be vouched for by observers in all cities, the *health* of prostitutes is *above the present standard of female health*, the only diseases peculiar to them being venereal diseases. It is a popular error to suppose that these women die young or make their exit from life in hospitals and poorhouses. Venereal diseases do not appear to greatly influence the longevity of prostitutes, and syphilis, when not absurdly treated, is, in the great majority of cases, a mild disease." (*Prostitution Medically Considered*, by C. Drysdale, M.D., Hon. Sec. to the Harveian Medical Society of London.) Duchatelet, the great French author on prostitution, observes, "The *embonpoint* of prostitutes and their brilliant health strikes all who behold them united in groups;" and records the following as the result of his extensive experience: "Notwithstanding their excesses and exposure to so many causes of disease, their health resists all attacks better than that of the ordinary run of women who have children and lead orderly lives." The conclusions to be drawn from these facts are inevitable. If prostitutes can pursue their avocation for years and escape syphilis, the disease cannot be a very prevalent affection. If they suffer from it again and again, and retire at last unscathed and in as good or better health than the majority of women who lead orderly lives, how in the name of common sense, and in face of facts which any one may verify for himself, can the doctrine be maintained that the syphilis of the present day is such a fatal and destructive malady as certain persons would have us believe? We are told that the health of the army and navy with regard to contagious diseases is truly appalling. Surely no special education is required to judge of this question. Let any man with common intelligence look at our English soldiers and sailors, see them march or ride past, or notice the handsome fellows

on shore-leave or furlough swaggering about country towns, models of strength, and almost without exception boiling over with health and vigour; and yet we are told that they have all either had the disease or are actually suffering from it. If so, I should be glad to learn to what appreciable extent they are injured thereby, and how it is that they look so much stronger and ruddier than their brothers married and occupied in industrial occupations, who have never been exposed to similar temptations, or suffered from the disease? Here again one of two conclusions are inevitable; either the disease is not so common, or it is not so severe as the supporters of these measures would have us believe. Unquestionably it is not so severe as has been represented, and that it is not so common the following statement, which I extract from the *Lancet* for Feb. 28th, 1870, goes far to prove:—A regimental surgeon, writing to the editor of that paper, remarks that his regiment (1,000 men), *quartered in a manufacturing town where there is no Contagious Diseases Act*, had been recently, in accordance with a War Office ordnance, carefully inspected. Not a single case of venereal disease was discovered amongst them. It is needless to remark that if such an event had occurred in one of the unhappy subjected districts the promoters of the Contagious Diseases Acts would have been jubilant at the supposed success of the measure.

As to the higher class of gentlemen who suffer from syphilis, Mr. Acton remarks: “A man may practice in this special department in London (a centre to which all bad cases gravitate) for many years without gaining any experience of the affection of the bones of the nose which cause that organ to fall in, and that death from syphilis is unheard of in private practice. Rarely are the deeper structures affected, and patients generally *completely recover*, if not very injudiciously treated, within a reasonable time.” Recently in London, as recorded in the *Medical Times and Gazette*, twenty of the leading medical practitioners, each with a visiting list of from thirty to forty families daily, met and seriously discussed the following question, “Do you see the effects of syphilis in the cases coming under your care?” All replied most decidedly in the negative but two, and they practised in the lowest districts.

At a recent meeting of the association of the medical officers of health for London, the President, Dr. Druitt, stated, “That speaking from thirty-nine years’ experience, he was in a position to say that cases of syphilis in London were rare among the middle and better classes, *and soon got over* ;” and Mr. Skey, after commenting on the rarity of true syphilis in London—saying that he would travel many miles to see a true Hunterian (*i.e.*, infecting) chancre—and speaking of ordinary syphilitic sores, remarks, “In my opinion no

disease can be *more innocuous* than the large majority of these sores.”

Of sixty-two medical practitioners in Nottingham, fifty-nine have subscribed their names to a petition and protest against the Contagious Diseases Acts, containing among other clauses the following :—

I.—That as we have endured syphilis in its worst form for centuries, without legislative interference, and that as it has with each succeeding decade become more readily amenable to treatment, very much diminished in frequency, and so much milder in form, that we can scarcely recognise it as the disease described by our forefathers ; and that, as gonorrhœa and non-infecting sores—comparatively unimportant, local, and non-constitutional affections—have also become less frequent, we consider that such a harsh, unconstitutional, un-English, and unjust measure is less to be defended on the ground of expediency and necessity at the present time than during any former period of our history.

II.—We are unanimously of opinion, which is fully borne out by the results of our practice, that the great majority of cases of syphilis are readily cured, and that when cured, the offspring are healthy and free from taint,* and we entirely concur in the opinions expressed by Mr. Skey on this point—which are as follows, given in evidence before the Lords’ Committee :—

After remarking that the association for extending the act had largely overcharged the horrors of the disease, he further remarks : “The public mind is alarmed ; it has been colored too highly ; the disease is by no means so common or so universal ; and I have had an opportunity to-day of communicating with several leading members in the profession, at the College of Surgeons, and we are all of the same opinion that the evil is not by any means so large as has been represented. I think if you took the impression of any individual on reading the reports of the Association for extending the Acts, you would infer an extent of syphilis in society far beyond the truth, very decidedly beyond the truth ! it is not so common, it is not so severe.” The above petition and protest has also been signed by thirty-five out of thirty-seven medical practitioners in Dudley, and nineteen out of twenty-two in Scarborough. These are the only towns where an expression of professional opinion has been elicited after a due discussion of the question, and there is no doubt that the good sense and good feeling of the profession, if fairly tested, would lead to the adoption of similar views by the great majority of our *confreres*.

* Ricord says that treatment in *an enormous majority of cases* succeeds in literally curing syphilis,—indeed syphilis is capable of spontaneous cure. (See Lancereaux, vol. ii. p. 304.)

If syphilis were the terrible, loathsome, and fatal malady described,* is it possible to conceive that physicians and surgeons of greatest experience in the treatment of these affections, and with a full knowledge of their effects, would willingly subject themselves to experiment by inoculating the disease upon their own persons, and on the bodies of others free from taint, and that without their knowledge or consent; and yet the former is frequently, the latter occasionally done. One of my acquaintances in Paris covered his arm with chancres merely to study some points in their nature and pathology. Auzias Turenne inoculated himself over and over again. Standard works on these affections almost without exception contain records of similar experiments; (for a record of 23 cases of inoculation of healthy persons for experiment, see Lancereaux, vol. ii. p. 220) and yet, in the face of these irrefutable facts, we are assured by the association for extending this act to the civil population that "*The venereal disease* (mark the term) is a disease of the gravest character, constantly transmitted from parent to offspring." One hardly knows how to characterise this statement. Venereal disease, as the statistics of the association show, includes gonorrhœa and non-infecting sores, affections entirely local, and to characterise them as diseases of the gravest character is calculated to grossly mislead the public. Moreover, even limiting the term, as it ought to be limited, to syphilis, the statement is *untrue*. There is no disease whatever of venereal origin that is constantly transmitted from parent to offspring, and it is much to be regretted that the association in question should ever have sanctioned such unwarrantable assertions. But we are told this disease affects innocent children.† No doubt this is sometimes the case, but it is only exceptionally that it occurs; in fact, there is abundant evidence to show that if intercourse were interdicted during the short period during which the constitutional symptoms are actively mani-

* Let me call attention to the very significant fact that the directors of insurance offices do not consider the disease of sufficient importance to include it in their list of queries addressed to persons about to insure. Gout, rheumatism, cancer, tumours, and other trivial affections are included, but I do not find "Have you had syphilis?" addressed to the proposers.—*Verbum sap.*

† Dr. F. Weber, of St. Petersburg, who had for four years the direction of the wards set apart for patients affected with venereal disease in that city, conducted a series of investigations with a view of ascertaining how far syphilis acts upon the fœtus. Forty pregnant women suffering from syphilis (the Contagious Diseases Act, in force there, does not seem to have prevented *their* infection) were the subjects of the observation. Out of these forty, confinement was premature in only four, and two of these four were, he considered, due to intercurrent causes. After a careful comparison with cases of pregnancy in the general wards of the hospital, he comes to the conclusion "that syphilis has, of *all affections*, the least amount of influence in causing premature births." (See *Lancet*, vol. ii, 1869.)

fested that the offspring of infected persons would escape. Mr. Acton, in his work on "Diseases of the Urinary and Generative Organs," p. 625, says: "I must still insist that a male *will not propagate unhealthy children*, unless he or his wife *is suffering*, or has lately suffered, *under secondary or primary disease*. In all the cases I have witnessed of infantile syphilis such has been the case. Lancereaux and all other eminent authorities bear out this statement, in spite of one or two doubtful exceptional cases; and Mr. Simon, in his report to the Privy Council in reference to the same point, remarks: "It may also be anticipated that the greatly improved knowledge which late years have given to the medical profession with regard to the venereal contagia will spread, and not very slowly spread through the minds of the general public, and will soon reduce the number of those cases where infected men give syphilis to their wives and offspring."* Let me ask those of my medical brethren who may peruse these lines, ere they give in their adhesion to this horrible scheme for degrading Englishwomen, to recall how many of their patients and acquaintances, who have suffered some time or other from syphilis, are now in perfect health, and whose children are as sound and vigorous as the most anxious parent could desire.

In spite of these incontrovertible facts—and I appeal for testimony of their truth to numbers of men who have suffered from one or other form of these affections—we are assured by Miss Garrett and others

* As regards the civil population generally, we find the "Association for the Extension of the Contagious Diseases Act" setting forth the propositions that persons infected with venereal diseases are dangerous, and ought to be shut up; that common prostitutes should be subject to compulsory medical examination, and to detention if found diseased, and so long as they continue so; and, as a corollary, that hospital accommodation should be provided in order to carry the scheme into effect. It may be mentioned in passing, that it is asserted that 18,000 prostitutes are practising in London, of whom one-third are diseased. Now say that accommodation is required for 3000 only, there must be about half a million spent in buildings, and about £100,000 per annum for maintenance, besides the salaries of the medical inspectors and staff of police. Where is this money to come from? From voluntary contributions? Impossible. From the proceeds of a rate or tax? There are plenty of people in arrears with rates and taxes already, and these persons are, as Mr. Simon says, not likely to consent "to see the prostitute kept in hospital at their expense for weeks or months, not necessarily from the exigencies of severe illness of her own, but essentially that she may be made clean for hire, lest any of her users should catch disease from her." "It must be admitted," says Mr. Simon, "that the living a loose life and catching disease are private voluntary acts, from which *no citizen has any right to call on the Government to protect him*." If it be argued that the evil does not stop with the first sufferer, but may spread to the innocent, the same may be said, in a degree, of every misdeed and misfortune. And to constitute grounds for State interference (assuming that such action could be effectual, which is denied) it ought to be shown that the damage caused by venereal disease is so gigantic as to overrule the sound general policy of non-interference, and that the good to be attained would be worth the cost. Mr. Simon distinctly gives it as his opinion that very exaggerated notions are current as to the diffusion and malignity of venereal diseases, and that the gain to be attained by the costly system of suppression would belong fundamentally to

that legislation is necessary, and that certain physicians consider syphilis a terrible disease ; an observation which, however true it may be of very few and exceptional cases, certainly cannot on any pretence be applied to the mass of cases which are lumped together (by the association for extending the act) under the head of contagious diseases. We are also asked to conclude that this affection is on the increase because the number of deaths registered as due to this cause has increased of late years. All this is easily explained. The deaths attributed to syphilis occur in infants, and it is well known in the profession that numerous affections are registered in the present day as due to that cause (often incorrectly) that formerly would never have been attributed to syphilis. As to the visceral lesions, which have lately been by some pathologists attributed to the same cause, it is a fact that they are often so attributed on very insufficient grounds, and, moreover, they are so extremely rare as to be of but slight practical import. I copy the following from the leading quarterly journal of medical science.

“No doubt of late years our acquaintance with the later results of prolonged constitutional syphilis has been vastly extended, and we have come to recognise organic conditions as syphilitic, which formerly would have been differently grouped. Yet can it be affirmed that any very large proportion of adult deaths or disabilities is distinctly and unquestionably due to those deep-seated manifestations of chronic syphilis? We ask, what statistical proof is afforded by those who dwell in argument upon this character of the disease? Again, it is true that the course of some disorders is unfavourably influenced

those branches of venereal disease which do not produce permanent infection, such as soft chancre, or pseudo-syphilis, and gonorrhœa. With regard to the prevalence of true syphilis, and to its consequences, secondary or hereditary, Mr. Simon has taken steps to show the fallacy of popular statistics. He has availed himself of the services of Mr. Wagstaffe to count the patients at certain Hospitals and Dispensaries, and the results differ widely from the romantic estimates of the “Association” and of the *Westminster Review*. Whereas it is stated by the “Association” that from one-fifth to one-third of the sick poor are suffering from “contagious disease of the gravest character, constantly transmitted from parent to offspring,” whilst the *Westminster Review* fills a page with frightful, but not fairly drawn figures, Mr. Wagstaffe quietly reduces the total per centage of *all* venereal disease among the whole population that seeks gratuitous relief from hospitals, dispensaries, and workhouses to 7 per cent., of which only about one-half are syphilitic. Mr. Wagstaffe’s observations are founded on 13,000 cases, being about one-fourth of the sick poor population during one week in London. We fully concur in Mr. Simon’s observations, that taking *syphilis* by itself, the detection is often so difficult, the proof of infection by a given person so slight, that it will evade any ordinary organisation. We shall have done enough if we have induced our readers to pause before giving in their adhesion to this latest scheme of meddlesome philanthropy. The letter of our surgical correspondent from Paris in this number of the *Medical Times and Gazette* shows that, as regards a civil population, the great source of disease is not the public women, but the clandestine prostitutes, who evade all inspection, and *will continue to do so*. (*Medical Times and Gazette*, September 25, 1869.)

by the syphilitic taint, that syphilis may evoke the manifestations of scrofulous or of a tubercular diathesis, but it by no means is to be accepted as proved at present, that it can engender these diseases either in the individual or his offspring, or that it is, by any period of incubation or any modification of hereditariness, capable of transmutation into them. The amount of nonsense written upon this and allied subjects, is most deplorable. To those who believe in such transmutations we would commend, for their peace of mind, the perusal of Lancereaux's remarks "on the influence of syphilis on other diseases." They may probably find some public compensation made by syphilis in the opinion expressed by some authors, that syphilis is actually a preservative against the operations of *some morbid causes*, and so against some other diseases. We must call upon them to investigate the question and to strike the balance of public damage, before they invoke so doubtful an averment in aid of their appeal for legislative interference. But recourse has been had to hospital statistics. How can hospital statistics assist us to discover the amount of mischief effected by syphilis on our population? What we want to discover is the proportion of our population suffering directly or indirectly from this cause. At the best, hospital statistics can only tell us of the proportion of sick persons whose illness is attributable to this cause—and, indeed, not even this accurately, for it can only tell us of a certain class of our *population more liable than any other thus to suffer*, and of these only of such as apply to hospitals for relief. But no satisfactory statistics even of this character have yet been put forward by the promoters of the extension of the Act of 1866 to the civil population. They announce—and make the most of the announcement—that, from inquiries which have been instituted, from one third to one fifth of the surgical out-patients of our general hospitals in London suffer from venereal disease, but then they do not tell what proportion these bear to *all the out-patients applying*, nor do they limit their figures, as we hold they ought to be *limited, to true syphilis*. We are at a loss also as to the assistance our inquiry is to receive from the records of ophthalmic hospitals. No one who is acquainted with syphilis is ignorant that the eye is one of the most common seats elected by that disease for its constitutional manifestation, or would express or feel any wonder at the proportion of syphilitic cases which a special hospital of this kind admits. Even if the statistics afforded were unquestionable, we should be no nearer the solution of the question we want answered. Apart from the fault of grouping all venereal diseases together, as proper matter for state intervention, *grave doubt has been thrown upon the statistics*, such as they are, which the associa-

tion parades. The medical officer of the Privy Council has taken some pains to test their accuracy. At the Children's Hospital, in Great Ormond Street, he finds, on inquiry, that of 118,590 children of the poor treated there during *the last ten years for all sorts of diseases*, the proportion recorded to have been syphilitic has *only been* $1\frac{1}{2}$ per cent. From a very careful investigation conducted by Mr. W. W. Wagstaffe, who visited for this purpose several of the largest general hospitals and dispensaries in London, it appears that, of 9363 out-patients in all departments of these charitable institutions, only 8·71 per cent. were affected with venereal diseases of any kind, and only 4·21 with syphilis, the remainder being mostly cases of gonorrhœa. Mr. Wagstaffe extended his inquiry to the in-patients treated in hospitals, workhouse infirmaries, and by the parochial out-of-door surgeons, with the result 'that 6·92 will probably represent the per-centage of the sick poor population affected with some form of venereal disease,' of which about half, or $3\frac{1}{2}$ per cent., would be infecting syphilis: (only a proportion of these even would be constitutionally affected.) SURELY 455 PERSONS SUFFERING FROM TRUE SYPHILIS IN ONE FORM OR ANOTHER, IN A POOR POPULATION OF A MILLION AND A HALF, SUCH AS THAT WHICH SEEKS GRATUITOUS MEDICAL AID IN OUR LONDON POPULATION CANNOT BE HELD TO BE A PROPORTION SO LARGE AS TO CALL FOR EXCEPTIONAL ACTION ON THE PART OF ANY GOVERNMENT. Mr. Simon adds, 'it must be remembered that London, probably, illustrates *the utmost dimensions which the evil can attain* in this country.'"—*British and Foreign Medico-Chirurgical Review*, Jan. 1870.

As to inherited syphilis, authorities are not agreed as to what affections are due to this cause. It is well known that Professor Von Græfe, the eminent ophthalmic surgeon of Berlin, dissents from Mr. Hutchinson's conclusions as to the various affections which the latter gentleman has attributed to syphilis, as do other practical physicians, some of whom were examined before the Venereal Commission. (See Dr. Willshire's evidence, and others.) Space will not admit of more than an allusion to these facts. Though I cannot dismiss the subject of syphilis without protesting against legislation founded on the shifting sands of mere medical theory or opinion; as also, in the language of the reviewer just quoted, against the reckless diffusion of statements as scientific truths, which are even now not matter of agreement between earnest and truthful scientific men.

I think I have said and quoted enough to show that syphilis, the only constitutional venereal affection, is not the awful disease that many suppose, and that,—although I am not at all disposed to deny that it is in some cases a serious malady, a cause of relapsing illness, and detriment to offspring,—it is evident that its extent and ravages are not

what they have been represented, or such as to call for the costly and extremely repugnant efforts at repression which the advocates of the Contagious Diseases Acts are seeking to force upon us. Moreover, we must not forget that the preceding observations apply only to the worst form of venereal infection, and one, at the same time, the most rare; in fact, syphilis forms but a fractional proportion of the mass of cases which are classed together under the title of contagious diseases. Some physicians have estimated this proportion as one in twenty, (see *Medical Times*, January 8, 1870) but Dr. Balfour, head of the statistical branch of the army medical department, stated in his evidence before the Parliamentary Committee, that one person in ten affected with venereal disease would probably suffer from constitutional infection (syphilis). There is no doubt this is a high estimate; but, assuming that it is correct, we should find that in ten cases of venereal disease, five would suffer from gonorrhœa and five from sores, but only one-fifth of the sores are syphilitic or ever affect the constitution, a fact definitely acknowledged by the unanimous conclusion of the Venereal Commission appointed to consider the subject in 1864.* Thus in one thousand cases of venereal disease, we should have one hundred cases of syphilis, but only five or one-half per cent. of these (see Fournier, quoted p. 9) would be seriously affected.†

As to the great mass of cases of venereal disease, (nine-tenths at least), all of which come under the head of gonorrhœa or non-infecting sores, it is an undeniable fact that, inasmuch as they do not affect the constitution, poison the blood, or even, in the vast majority of cases, seriously inconvenience the individual, they are unimportant and cannot on any plea be considered matters of State concern. Dr. Balfour, in the course of his examination before the Parliamentary

* The Venereal Commission, like all other commissions appointed to consider this subject, make the most of the disease. Dr. Balfour stated that one person only in ten of those affected with sores would suffer from constitutional infection; and Mr. Acton, wishing to call attention to the extreme virulence of a certain epidemic of sores, said one man in eight became constitutionally infected. The same gentleman further remarks, when speaking of the supposed influence of mercury in preventing constitutional infection, "*in nine cases out of ten sores are not followed by constitutional infection, whether mercury be given or not.*"—p. 396.

† I find from conversation with Dr. Balfour, that he was in his reply alluding to sores only; and I have assumed that venereal sores are as frequent as gonorrhœa. The fact being, so far as my experience goes, that cases of gonorrhœa are greatly in excess of the venereal sores, at least two to one: half the above estimate, or $\frac{1}{4}$ per cent. therefore would probably be nearer, if not still in excess of the truth; *i.e.*, of 400 persons who wilfully contracted venereal disease, one only would be seriously damaged in life, limb, or constitution. In fact there are very few diseases of any importance—scarlet fever, for instance—that do not cause more devastation in one year than syphilis in fifty.

Committee, remarked, "If you are legislating for gonorrhœa or non-infecting sores, I advise you to let this matter alone. I do not think that checking disease that does not produce constitutional symptoms, is a point of importance. It would not as a simple financial question be worth while to legislate for disease that does not produce constitutional symptoms." There is no doubt that he was right, and even if it were possible to check the dissemination of these comparatively mild affections by attempts at police control, I question, taking a large view of the subject, whether it would be sound policy to do so. Over and over again do we hear patients affected by these trivial maladies exclaim, "Once let me get out of this, and they won't catch me again." And there is no doubt whatever that the fear of contagion acts as the most powerful known check upon indiscriminate intercourse, and that the fright and annoyance occasioned by these comparatively slight maladies has been the means of preventing thousands from habitually incurring risks which must otherwise, in the course of time, have inevitably eventuated in an attack of true syphilis.

I have thus by an array of facts which cannot be controverted, and by quotations from the very highest authorities demonstrated—First: that contagious diseases, of venereal origin, have for years prior to the enactment of the Contagious Diseases Acts been satisfactorily declining both in extent and virulence, both in the army and out of it. Second: that syphilis, the only constitutional malady, and only contagious disease of real importance, is neither so prevalent or so malignant as has been represented, and that it forms but a small fractional proportion of the cases which have all been classed together as contagious diseases, as though they were equally important and equally malignant. Third: that gonorrhœa and soft sores, which form the great majority of such cases of venereal disease, are not only neither serious or disabling in themselves, but most powerful checks upon incontinence, and consequently valuable safeguards against the more subtle and dangerous poison of syphilis.

On these grounds I venture to answer Miss Garrett's question, "Is legislation necessary?" in the negative, and to affirm that those who have legalised prostitution in England, and sanctioned the perpetration of gross indecencies upon helpless women and children,* have done so in error and without any just plea of necessity for any law making on the subject.

* It is stated in Parliamentary evidence that children of eleven and women of seventy are subject to these outrages. One of the witnesses speaks of a child who was brought up by the police, who cried so like a child that he sent for her mother before examining her.

I have dwelt upon these facts simply because they are true, not because they are necessary to my argument, for as I shall now show—malignant or not, prevalent or not—the Contagious Diseases Acts fail utterly, not only to suppress disease, but that such legislation tends to increase it in its most dangerous form, and in fact to aggravate every evil both physical and moral.

Referring again with this object to Dr. Balfour's tables, I find that in Devonport and Plymouth there were in the year 1860, 440 cases of venereal disease per 1,000 of mean strength. In the year 1864, there were 289, a fall of 151 cases without legislation. The first Act came into force early in 1865, and the satisfactory decline previously noticed is checked, and, after three years (1865, 1866, and 1867) of higher figures, in 1868 the number of cases per 1000 of mean strength was brought no lower than 280, a fall of nine cases only in the four years, after enormous expense and unmitigated outrage.

In Chatham and Sheerness, during the year 1860, there were 351 cases per 1000 of mean strength. In 1865 the admissions were 292 per 1000, a reduction without any Act of 59 cases per 1000. Now Sheerness is constantly cited as affording conclusive evidence of the success of the system, yet for both these stations, in face of a reduction of 59 per 1000 without any Act, we find that after the introduction of the first Act in 1865, and of the second measure on November 6, 1866, a reduction of 17 only for both stations was effected in three years.

At Shorncliffe, during the year 1860, there were 327 cases per 1000 of mean strength. In the year 1867, there were 215 per 1000, a diminution, without any Act, of 112 cases. The Act came into operation in this place in July, 1868, and since then, so far from a diminution, we find the extraordinary increase of 82 per 1000 has taken place. The number of cases having risen in 1868 to 297.

At Woolwich, during the year 1860, there were 473 cases per 1000 of mean strength. In 1865 the number was reduced to 204 per 1000, a fall, without any interference, of 269. The Act came into operation in November, 1866, and since its introduction the diminution has been only 13 per 1000, the admissions during the year 1868 being 191.

At Aldershot, during the year 1860, the cases were 339 per 1000 of mean strength, in 1866 they were 233, a fall, without any Act, of 106. The Act came into force at Aldershot on April 12th, 1867, and since then the proportion has increased by four, the admissions in 1868 being 237.

At Portsmouth in 1860 the number of cases were 503 per 1000. In 1865 the number was reduced to 329, a fall, without any Act, of 174. In 1868 the admissions to hospital were 348, showing an increase of 19 cases per 1000, in face of a previous reduction of 174.

Thus, adding together the numbers expressive of the diminution of

disease at each of these six stations, from 1860 to the application of the first Act in each case, we find A TOTAL DIMINUTION OF 871 CASES PER 6000 WITHOUT LEGISLATION, while if we perform a similar operation for them AFTER THE APPLICATION OF THE ACTS, WE FIND AN AGGREGATE INCREASE OF 66 PER 6000;—in short, a slight diminution at three stations, a large increase at one, and a decided increase at two.

As the Acts were applied at different dates, the greatness of the contrast is not fully seen by adding the cases at each station together for each year; as, after 1865, the increase at the stations brought under the Act tends to balance the diminution at those still uninterfered with, yet the inefficiency of the Acts is clearly seen by the process. I append the total number of cases at the six stations named above, for each year from 1860 to 1868,—the proportion is per 6000—

Year	Cases per 6000	Total decrease	Year	Cases per 6000	Total decrease
1860	2433	—	1865	1720	713
1861	2368	65	1866	1673	760
1862	2040	393	1867	1698	735
1863	1865	568	1868	1628	805
1864	1729	704			

Nothing can more clearly show the baselessness of the vaunted utility of the Acts. In the four years from 1860 to 1864, a decrease of 704 cases per 6000 had taken place without any Acts. In the four years from 1864 to 1868, the diminution was only 101 per 6000, although every means had been employed to obtain the most favourable figures; and although the increase at the stations under the Acts was masked for several years by the diminution at those which were longest free from them.

The same result is brought out in whatever way the statistics of disease at these stations are regarded. If we take the two stations which have been under the system longest, where the Act of 1864 was applied immediately after it became law, we see the effect of the régime in a striking manner. Thus, at Devonport and Portsmouth combined, the number of cases per 2000 was, in 1860, 943; in 1864 it was 626, a diminution of 317 without any Act. In 1868 it was 628, an increase of 2 after four years' trial of the system under the most favourable conditions.

In the same way if we take the three stations last brought under the Acts, Shorncliffe, Woolwich, and Aldershot, the number at these three stations combined, in 1860, was 1139 per 3000; in 1866 it was 671, a diminution of 468, without any Acts; in 1868 it was 725, an increase of 54 in two years, under the regulation system.

These figures are taken from the War Office statistics, collected by Dr. Balfour, the Head of the Statistical Branch of the Army

Medical Department; they are official, the latest published, and the evidence they convey, the only reliable evidence available, is not to be rebutted by any *ad captandum vulgus* statements, such as are occasionally put forward by the promoters of the Contagious Diseases Acts. The police return, which is given in the Parliamentary Blue Books, is also conclusive as to the inefficiency of the system. Thus from the adoption of the Act of 1866, the annual ratio per cent of mean strength of men suffering from contagious diseases, rose in the following proportion:—

ANNUAL RATIO PER CENT. OF MEAN STRENGTH OF MEN ADMITTED
INTO HOSPITAL SUFFERING FROM CONTAGIOUS DISEASES:

STATIONS.	From adoption of Act of 1866 to March, 1868.	From April 1, 1868, to April 2, 1869.
Woolwich	17·989	18·45
Aldershot	18·773	20·35
Chatham	22·580	24·00
Sheerness	12·345	13·57
Portsmouth	20·657	21·67
Devonport	10·544	15·67
Average of all	17·522	19·59

The authors and promoters of the Contagious Diseases Acts explain away the evident increase of disease under the regulation system, as exhibited in the table just quoted, by telling us that these last police returns are vitiated by the fact that certain men have been treated on board ship; but there is no evidence to show how many or how few, if any, have been thus treated. The rise is remarkably uniform at

I extract the following from an able report on the Royal Albert Hospital, Devonport:—"A great many cases which are admitted as 'gonorrhœa' are really cases of chronic uterine discharge, with or without some abrasion of the os. Some of the women suffer from relapsing sores about the genitals, which are extremely difficult to cure. It seems that every woman, who, at the fortnightly examinations, is found to have a discharge from her vagina, is sent into hospital. It thus happens that many a woman is admitted over and over again, within a year or two, for 'gonorrhœa,' *when she really has only a comparatively harmless discharge from her uterus*, which is not permanently benefited by her stay in hospital. Again, every woman who has a sore of any kind (*e. g.* a fissure at the fourchette) *is sent in, and generally put down as 'syphilis,'* FOR WANT OF SOME OTHER HEADING, while, in many cases, her sore is healed by a few days of rest, and local applications. There is no choice between 'gonorrhœa' and 'syphilis,' or some combination of the two, with addition of 'secondary' or 'tertiary,' *at pleasure*. Two bad results follow from this want of a third class for non-specific cases. 1st. Many cases are returned as *specific*, which in all probability would not produce either gonorrhœa or syphilis in the male (that is, are not specific.) 2nd. A wide margin is here allowed for 'discretion' in the management of statistical returns, and *we can easily see how different results would be arrived at by men working in different directions*, when there are a number of items which must be put under one of two heads, WHILE THEY DO NOT PROPERLY BELONG TO EITHER."—*British Medical Journal*, Jan. 22, 1870.

each station, and it is clear that there are no ships at Aldershot. In spite of the preceding figures, which are simply copied from the blue books and tables appended to the printed evidence given before the Lords' and Commons' committees, and which any one can verify for himself, the advocates of the Acts persist in asserting that the sanitary results have been satisfactory; we are also told that the returns for 1869 are more favourable—if they show anything but an increase they must be considerably more favourable;—but in face of the manifest bias exhibited by the promoters of the Acts,* (and we must remember that opponents of the measure have no access to information and figures which are almost solely manipulated by those who are employed in carrying out its provisions), I must protest against any *ex parte* arguments, founded on evidence that is not given to the public. The evidence I have adduced is the latest, we have none other to refer to, and the facts are fully borne out by collateral authorities. The last published army medical report, for instance, deplores the inefficiency of the Act, and states distinctly that the increase of disease since its adoption has been 33 per 1000 of force. Mr. Simon, the medical officer of the Privy Council, tells us that he has looked in vain for evidence to show any diminution of the only venereal disease of consequence (syphilis); and Dr. Balfour told me on the 24th of May, 1870, that there was no evidence whatever at present to show that constitutional infection had either increased or diminished, though the number of sores since the last published returns were reduced. This is hardly to be wondered at, since the extraordinary increase at Shorncliffe under the Act was due to increase of this class of infection; the diminution may be due to a natural fall to an average level. Now it is a fact that sores that do not affect the constitution are of less consequence even than gonorrhœa. Mr. Skey says nothing can be more innocuous than the vast majority of these sores. Some of the sores (*balantis*) have been recently classed under gonorrhœa, and the diminution of these palpable manifestations is just what would have occurred without any Act, and even in spite of it, by the simple establishment of hospitals for women, which there is abundant evidence to show were filled for long periods by entirely voluntary patients. Moreover, these kind of sores are readily seen, while true syphilis can so rarely be detected in the female, even with the most careful vaginal examination, that it is in vain to attempt to keep it out. Even if disease had diminished, it would be simply monstrous to attribute it to the periodical examination of women, when the soldiers have been recently rigorously

* See the extraordinary comments appended by their authors to the official tables.

examined, secluded if diseased, supplied with lavatories, and all kinds of adjuvant expedients essayed.

The evidence already printed is conclusive proof that, on the whole, an increase instead of a diminution of disease has attended the operation of this law, in face of a progressive and satisfactory diminution prior to its adoption. There is every reason to believe, moreover, that these figures do not represent the sum total of increase, because, since the passing of the Act, the desire to secure favorable statistical returns has induced the promoters of the measure to adopt various adjuvant expedients, such as the establishment of lavatories, the periodical examinations of soldiers, and the restriction or confinement of those who are suffering from slight forms of venereal disease. As these affections do not require confinement, and the restrictions are irksome and irritating it appears that the soldiers have concealed these affections from the regimental surgeons, and applied for treatment to druggists in the neighbourhood. At Aldershot especially, the chemists have driven a roaring trade by supplying medicines to soldiers, who prefer to pay their charges to submitting to the restrictions an application to the regimental surgeon would involve.* The fact that they presented no evidence of sickness and were able to perform all the duties assigned to them, may be accepted as proof of my former statement that these affections are usually neither dangerous or even temporarily disabling. It is difficult to understand (when both men and women are restricted) how it is that the governmental superintendence of fornication should always prove, in a sanitary sense, such a miserable failure. Perhaps the increased incontinence, the natural result of the feeling of security, false though it be, which the periodical examination of women affords, and the multiplication of clandestine prostitutes, may account for it. However that may be, it

* The following is the evidence on this point extracted from the Parliamentary Blue Book report of the Commons' Committee. The Chairman asks Inspector Smith whether he had ground for believing that there were many diseased soldiers going about who had not given themselves up, and were not in hospital. He replies, "Yes, I have for a considerable time been impressed with the belief that many men are at large who are diseased." Inspector Smith induced one of the chemists to take the number of the men whom he served with medicine for venereal disease, and handed in the report, which is as follows, to the Committee:—On Monday, 14th June, 1869, there were 16 soldiers applied for this purpose; on Tuesday, the 15th, there were 13; on Wednesday, the 16th, there were 17; on Thursday, the 17th, there were 18; on Friday, the 18th there were 11; on Saturday, the 19th, there were 23: the total being 98 in one week. There were four chemists at Aldershot, one other shop, the inspector thought, did an equal trade, and two others not quite so much. This would give an average of about 320 men in one week, at Aldershot alone, under treatment for ordinary venereal diseases, contracted under the protecting provisions of the Contagious Diseases Act, all of which cases are *excluded* from the statistics, which, in spite of all, show an *increase* of four per 1000 in face of a previous reduction prior to the adoption of the Act.

is a fact, and the experience in this country is completely borne out by that of others; for instance, Dr. Huet, First Physician to the Hospital in Amsterdam, published a paper in 1868, on the effects of governmental superintendence of prostitution upon venereal disease in the army. He got his information from the War Ministry, and gives a quantity of tables, but the most conclusive is that where he exhibits twenty-four cities and gives the number of venereal cases *during some years* before, and some years after, the introduction of laws on prostitution. In some cities there is an amelioration, but the total number is: before the introduction of ordinances, 1786 cases amongst 15,913 soldiers yearly; after the introduction, 2241 in 16,810; *i.e.*, before, 11·2 per cent.; after, 13·3 per cent.

A similar sequence of events has been noticed in our Indian presidencies. In Bengal, for instance, where the inhabitants are subjected to the Contagious Diseases Act, the report of the results of its operation until the end of 1868 is anything but encouraging; thus in 1867 the number of admissions per 1000 of the Bengal army, into hospital on account of these affections was 166, a number so much below the average of former years, that it is evident here again that the regulation has been enacted in the face of a most satisfactory decline in the per centage of cases. But in 1868, under the operation of this law, the number of admissions per 1000, rose to 199. *Thus*, in 1867, out of 38,784 soldiers, 5,764 were admitted from venereal disease, either in its primary or secondary form; whereas, in 1868, out of a strength of only 31,560 the admissions were no less than 6,282.

Similar evidence as to inefficiency is afforded by the report, just published, on the sanitary condition of Bombay, another Presidency which has been mysteriously subjected to these Acts.

The promoters of the Contagious Diseases Acts are compelled to admit that the results already obtained afford but feeble evidence of the benefits of the system. They aver, however, that the superintendence of fornication by governments has had the effect of diminishing these diseases among the *French* soldiers. That they have not diminished them among the Dutch soldiers is evidenced by the tables already quoted, and that the smaller number of French soldiers affected, as compared with the English, is apparent and not real, has been satisfactorily proved by "Justina," in her able reply to Miss Garrett's letter.

The original statement put forth on this subject by the authors of the Contagious Diseases Acts, and actually published as a serious fact in the report of the Lords' Committee (see blue book), was—that whereas one soldier in 56 only was affected in the Belgian army, and one in 33 in the French army, one in four of the Foot Guards stationed

in London was diseased. This statement constituted the *pièce de resistance* of Miss Garrett's letter, a composition which was very much belauded by journalists who ought to have been aware of the errors it contained, and which has avowedly been circulated by thousands by the association which has been formed for forcing this iniquitous measure upon the civil population. These letters have been forwarded to friends of my own within the last ten days, although the statements contained therein were proved to be entirely incorrect and groundless months ago. Surely those who have sown these false facts broadcast among the people, are bound in honour to send to the same persons "Justina's" reply, from which I extract the following:—

"Of the numerous arguments adduced by Miss Garrett in favour of the Contagious Diseases Acts there is one which has, I fear, seemed to the majority of your readers absolutely conclusive and unanswerable. She says the truth of the opinion that disease is much less prevalent on the Continent, where legislative measures for the sanitary control of prostitution are resorted to, than it is in England, 'is confirmed by comparing the proportion of the household troops invalided annually from this cause in London, Paris, and Brussels. The proportion is 1 in 4 in London, 1 in 33 at Paris, and 1 in 56 at Brussels.' The argument advanced in the shape of these statistics, or others substantially the same, is the stronghold, not only of Miss Garrett, but of nearly all advocates of the principles of the Contagious Diseases Acts; it is triumphantly appealed to as unanswerable by the most influential of the non-medical weekly journals, the *Saturday Review*, which adopts it from Mr. Acton, 'whose great continental experience renders him,' Miss Garrett assures you, 'the first English authority' on the subject. It must be admitted that this argument does look very strong indeed. Still, the cause which I advocate, the freedom of my sex from the possibility of personal violation at the suggestion of policemen, is so sacred that on behalf of this cause I shall venture, although a woman, to attack even that strongly fortified citadel. And, in the first place, I will give Miss Garrett the benefit of a correction in the statement of her argument. She speaks of the number of troops 'invalided annually;' the word 'invalided,' when used in the Report of the British Army Medical Department, means discharged from the service as unfit for duty. What she intended to say, or should have said, is 'admitted into hospital.' And now with respect to the argument itself. Miss Garrett's statements concerning the French and Belgian soldiers are so far from the truth that I am at a loss to conjecture what can have been the sources of her information. It seemed to me at first sight that perhaps in reference to the French army she had stated the ratio per 1000 of admissions to what are called 'divisional hospitals' only. But in these hospitals only the gravest forms of disease are treated. And in respect to venereal diseases only those cases which are constitutional or very severe are admitted, the slighter cases, including both forms of venereal disease and 'a large proportion of skin diseases, &c., being treated in the regimental infirmaries and in quarters (*a la chambre*.)' Until recently no record was published of the number of soldiers admitted into the regimental infirmaries or treated in quarter on account of the diseases in question: therefore the French statistical statements of the number of soldiers admitted to hospital for treatment of those diseases meant only the number of those admitted to the divisional hospitals, in which, as I have said, only those cases which are constitutional or very severe are treated. It will be understood at once that this number must be comparatively small, and might possibly be represented by Miss Garrett's figures; but no, for,

small as it is, even this number denotes the existence of a much larger amount of venereal disease in the French army than her statistical statement implies. According to her the proportion of French soldiers admitted annually is 1 in 33 ; but the actual proportion admitted into divisional hospital only, and on account of the *constitutional forms of venereal diseases only*, is nearly double that number : in 1862 it was 53 *per* 1000 ; and in 1865—the last year before the number of cases treated in barracks and in the regimental infirmaries was also given—it was 49·10 *per* 1000. But of course any inference based on a comparison of these larger numbers with the number of admissions of British soldiers is worse than worthless—it is positively and grossly misleading. ‘In the British army a soldier if unfit for duty by sickness of however trifling a description is taken into hospital for treatment ;’ therefore the total number of cases treated in quarters and in the regimental infirmaries must be added to the number treated in the divisional hospitals of the French army, before it is possible to make an approximately fair comparison of the amount of venereal disease in the two armies. Until recently, as I have said, this was not possible ; but the French statistical returns for 1866 now enable this to be done ; and in that year the proportion of cases of venereal diseases recorded as treated was 113·5 *per* 1000, or 11·3 *per* cent., which is nearly 4 in 33, instead of 1 in 33 as stated by Miss Garrett.

“Miss Garrett’s statement that at Brussels only 1 soldier in 56 is affected with venereal disease is only a little more astonishing than are her French statistics just adverted to ; but, happily, it can be very quickly disposed of. She gives no authority for it, and the valuable evidence adduced by the writer, whom she pronounces ‘the first English authority on such a point,’ directly contradicts it. The following information concerning the amount of disease in the Belgian army is taken from the tables supplied in the second edition of Mr. Acton’s work ; and he is indebted for them, he says, to the Earl of Clarendon, who, when Secretary of State for Foreign Affairs, obtained them through H.M.’s Minister at Brussels. During the ten years ending 1867 the average number of troops in Brussels was 3340, and of these the average number affected each year was 371, or about 110 *per* 1000. During 1868 the number of cases treated at the military hospitals of Brussels was 333, and these formed 9 *per* cent. of the whole Brussels garrison. So that during the ten years ending 1867 more than 1 in 10, and during 1868 a little less than 1 in 10, of all the soldiers at Brussels were affected. I may add that of all the soldiers in Belgium during 1868, 90 *per* 1000 were thus disordered. So much for Miss Garrett’s statistics. (Those just quoted will not give the milder forms of venereal affections, which are readily concealed, and which Leon Lefort’s observations would tend to show are universal in Paris. See p. 48.) The garrisons of Belgium are, as a rule, I believe, stationary. Now it is well known that the movement of troops is always accompanied by a considerable increase of disease ; and, as such movements seldom take place in Belgium, the developments of disease incidental to them are avoided. Again, a *rigorous medical inspection* of Belgian soldiers takes place *every week*, and this procedure cannot fail to contribute in a great degree to the early discovery of disease and to the prevention of its spread. By way of comment on the indirect effects of the Government control of prostitution in Belgium, I will add here a few words from Mr. Acton, a persistent advocate of the Contagious Diseases Acts :—‘Truth,’ he says, ‘compels me to avow my opinion that however much the virulence of venereal disease may be abated, and the health of the Brussels garrison been improved within twenty years, there is no marked improvement in the general tone of morals there.’ Indeed, as proved by indisputable evidence in the *Westminster Review*, No. 73, January 1870, marked deterioration, instead of marked improvement, has been steadily proceeding during that period.”—*Reply to Miss Garrett*. Tweedie, Strand. Price, 1s.

So much for the benefits that soldiers have derived, or are likely to derive, from the periodical instrumental violation of the women whom they seduce, debauch, and disease. It remains now to consider what would be the effects of the same system, if a powerful clique, organised for the purpose, should succeed in extending the operation of this law to what is called the civil population. In the first place, females only are subject to its provisions, not assuredly because they are the greater sinners, but because they are helpless and unable to protect themselves from outrages which paternal governments confessedly dare not attempt to perpetrate on men. This subjection of the weaker sex only to a sanitary law applicable to both, is, to my mind, a miracle of meanness. "It is saying little to say that thus to take advantage of woman's weakness is not manly,—it involves all of which a true man should be most deeply ashamed. This partial application of the law is, in truth, due to lack of that quality which gentlemen, as individuals, value above life."*

It is idle to attempt to screen this atrocious invasion of the sacred personal rights of women on the ground that they make a trade of their persons. There can be no trade without a buyer and seller;—if the trade itself be infamous, both are at least equally guilty, but in this case it is the demand that creates the supply, and the man is most to blame. Moreover, as I have already proved, the law is not only applied to prostitutes, but to women *suspected of incontinence*, who

* "The authors and defenders of the law, do not apply it to the guilty of their own sex, simply (by their own confession) because they have not the courage, and as it stands, it is an exercise of might in utter disregard of right and justice, of which every true man should feel deeply ashamed."—*Aberdeen Free Press*.

I extract the following from an excellent letter by Dr. Chapman, published in the *Lancet*, of June 18th, 1870:—"And now a few words respecting Mons. Le Fort's statement, that 'in 1866 there were 97 venereal parients in every 1000 men' of the French army. He gives the *effective* force of that army as 336,233 men, among whom, as he says, there were 32,636 venereal patients. But in order to make a fair comparison of the number of admissions to hospital of French soldiers on account of venereal disease with the number of admissions of soldiers in the *United Kingdom* similarly affected, the French army of the interior ought alone to be considered, and the ratio of admissions ought to be calculated with reference, not to the 'effective' strength, but to the number present; for a large number of the French soldiers are constantly absent on leave. Now, in 1866 the number present was 229,761, and of these the number of admissions to hospital on account of venereal disease was 26,082, which is at the rate of 113·5 per 1000. This ratio represents the full advantage derived by French soldiers from the police medicale in full force in France, there being in Paris 806 beds specially appropriated to venereal patients, and all the general hospitals freely open to them meanwhile! I do not think this, even considered by itself, is a result for the promoters of the Contagious Diseases Acts to boast of; but when it is borne in mind how enormous has been the development of clandestine prostitution, and therefore of venereal disease secluded from observation among the civil population, in order to get that result, it will appear, I think, to impartial judges to be an inexpressibly costly one, and I hope and believe that Englishmen will decide that a like result is far too costly for them to purchase at a similar price.

surely find their *just counterparts* in men *suspected of incontinence*. But, throwing aside all moral and manly considerations, and ignoring for the moment all sense of right and wrong, what a monstrous absurdity does it not still seem to attempt to check disease common to, and propagated by, both sexes, by restricting one only. As well might we attempt to stop a river in its course by damming it half way across; to stamp out the cattle plague by immolating females only; or to arrest the spread of scarlet fever by secluding girls, and permitting the boys to communicate infection. Women suspected of incontinence by policemen, have been insolently termed the seed beds of disease; and a reason for the enactment of this law, as we have been informed by Mr. Acton, is that one man in four belonging to the Foot Guards in London is said to be infected. Now, this is exactly the proportion in which the Association for extending the Act assert that the prostitutes of London are affected, and I should like to know which of the two—prostitutes or Foot Guards—is the most serious and dangerous source of disease. The prostitute, to whom men alone deliberately resort of their own free will, with their eyes open, well aware of the risks they incur, able to secure and not ashamed to apply for medical aid in case of infection; or the handsome, swaggering soldier, who supplements his miserable pay by incursions into the civilian's kitchen, and spreads disease among an unwary class who are not vicious, but deceived, seduced, and debauched by the very men for whose protection they are (wherever this law is in force) subjected to the grossest outrages?* Mr. Acton says, in a letter to the *Medical Press and Circular*, “that unless the soldiers are carefully inspected and secluded, we cannot expect any benefit from the Contagious Diseases Acts.” He does not propose to apply it to male civilians at all, and yet expects benefit from the extension of its disgusting provisions to the civil population.

One argument advanced in favour of the Act is, that prostitutes will infect several men, but they would not do so if they had hospitals where they could be treated, on application, when diseased. Moreover, the more they are periodically inspected, as I shall show directly, the more men (lured by the false security) do they infect. Besides, the argument, such as it is, applies with greater force against men than against women. When in Utrecht, last June, I remarked some cases of inherited syphilis among the children attending the Ophthalmic Clinique, and Dr. Snellen told me that the Contagious

* Dr. Barr, when asked what class of women were brought under the operation of the Act by the police, replies: “Milliners and dress makers, labourers' wives, the wives of small tradesmen, and domestic servants, of course.”—See *Appendix, Part I*,

Diseases Act which is in force there was powerless to prevent it. He said, "a couple of drunken sailors will infect twenty women in a week." Mr. Berkeley Hill, when examined before the Lords' Committee, remarked, in answer to Viscount Templeton (who had enquired whether he was aware that much disease was imported from abroad): "I cannot tell exactly; but last summer there was a congress of medical men at Paris, and one section was devoted to the discussion of the question of the importation of contagious diseases; and it was tolerably well shown, I think, that the migration of sailors particularly, because they are a very infected class of men, is constantly carrying the disease from one port to another, and of course when it reaches one port, and the women of that port, it spreads from them to the townspeople, and from the townspeople throughout the neighbourhood." Further, he remarks: "Sailors and seafaring population are a very immoral set of people, and the disease is very rife among them. They are much infected with disease, and they are great spreaders of disease."

Dr. Barr says, in answer to Captain Vivian—(query 609): "The inspector of police considers that there are more diseased soldiers loose than are absolutely in the hospital." "Of course," he adds, "one really has proofs of it. About three weeks since (and similar instances are common enough) I discharged two young women after some three weeks' detention for mild gonorrhœal affection. In ten days I was forced to detain them both again with recent contagious sores." They had been contaminated by soldiers not on the sick list, not in hospital, and not included in the returns. He is further asked: "When a new regiment comes into camp, the men are examined, are they not?"—and replies: "They are, and the result is very speedily seen. Out of one regiment which, I think, came up from Devonport [note, from one of the districts where the *Act was in operation*] two or three months ago, on examination they were forced to *detain about forty men* in hospital the first week, and in the course of the first month after their being there, there was a large number." This shows that the men constantly infect the women; that favourable returns as to the success of the Act cannot be depended on; and that, moreover, there are, in districts under the operation of the Act, a number of men diseased who are not reported or included in the returns.

Mr. Romaine, when examined by Viscount Lifford—(query 457)—says: "In one month there was an increase of disease, which was accounted for by a number of soldiers coming in; they brought disease with them, and diseased the women." He further remarks—(query 464): "There was an increase of disease when ships arrived at any of those stations from abroad or other ports. The Lords Com-

missioners of the Admiralty have received complaints from places where her Majesty's ships are stationed, that the venereal disease is greatly increased where leave is granted to the crews; this is chiefly in consequence of the folly of the men, who, knowing themselves to be diseased, yet improperly conceal the fact."

Mr. Thomas Woolcombe is asked by Viscount Templeton—(query 567): "Do you believe that much disease is introduced by merchant seamen?" "Yes, I think very extensively;" and further, he remarks that "it would be much more beneficial to examine seamen *than to extend the Act.*" He then quotes a French writer, who remarks upon "the frightful mass of contagion which the men bring;" and adds, "I am quite certain of this, that the number of mercantile seamen who are discharged in our large seaports do spread an amount of disease which is very frightful to contemplate." He further shows that when discharged on account of disease, these men remain in port, permanent sources of infection. Earl de Grey—(query 678)—remarks to Mr. Paget: "We have had very strong evidence that when a regiment arrives, or a ship comes into port, there is at once an increase of disease among the women." Mr. Veasey remarks, in answer to Viscount Lifford, "The disease has not been met at Aldershot by the hospital, because disease will break out when fresh troops arrive."

Viscount Templeton, in his examination of Sir H. Storks, remarks—(query 256): "There must be a great deal of disease imported by traders, or by regiments coming into a place;" and Sir H. Storks answers: "Yes, certainly. I found, at Corfu, when a foreign man-of-war came in, disease increased, and we had more women in hospital. In proof of the above circumstances, I have only to state the fact, which is to be observed at this very moment, in the wards of the central hospital of the island, where no less than fifteen patients (seamen) are under treatment for *syphilitic* affections of various forms contracted in the town of *Brest.*" The reader must not forget that the town of Brest is one of the French ports where the Contagious Diseases Act is enforced with great severity, so much so that, as M. Daubié remarks, female servants are enrolled as common prostitutes;* or fail to note that *syphilis*, the worst form of venereal disease, is the disease imported. Can anything be more conclusive as to the folly and inefficacy of the system?

Mr. Berkeley Hill says: "Troops arriving from other stations constantly bring fresh disease to Plymouth. One day last summer the police inspector, on visiting the military hospital, found thirteen men in the wards with venereal disease, recently arrived at Plymouth.

* See *Appendix, Part I.*

Twelve belonged to the depôt sent from Chatham (a station where the Act is in force); the men brought disease with them. The inspector then bethought him of looking up the women in brothels frequented by this regiment. He soon discovered that a *large number* of women had suddenly become diseased." I have before me a return of the entry of troops into Plymouth garrison since January, 1865, to November, 1867, and also a chart of the fluctuations in the number of diseased soldiers per 1,000 of the garrison since April, 1865, to December, 1867. In 1865, the number stood at 18; in May and June a regiment arrived, its depôt from Colchester and the main body from India, both stations where the Act is in force. In three months the number rose steadily to 34, again falling to 23 in July, when no troops arrived. On the 4th of August, five companies of infantry arrived from Aldershot (where the Act is in force), and the number reached 34 a second time. Then a steady fall set in through September and October down to 12 in November. On the 21st December a detachment arrived from foreign service, the remainder of the regiment, its depôt, coming from Chatham (where the Act is in force) joined it in January, 1866. Through February and March the entries rose to 27; through April, May, June, and July, the line sank to 20, though three batteries of Artillery came in from Bristol and Pembroke (where the Act is *not* in force), besides a regiment from Aldershot and India. In August *no troops*, and the wave line fell to 12. On the first of September a regiment came from Aldershot (where the so-called stamping out process had been going on for some time), the wave rose at once to 21. After that time the line fell to 13 in October, and kept hovering between 11 and 12 during the winter, till March, 1867. No fresh troops entered the garrison after the first of September till the 23rd of February, when a depôt came from Dover (no Act there.) In March there was a slight rise. In April and May troops came from India, Portsmouth (under the Act), and Pembroke, the line rose rapidly through May, to 22 in June. In June no troops arrived, and the mark for July dropped two points. On the 26th July a depôt came from Chatham, (under the Act), when the wave mounted to the highest point since the operation of the Act, namely, 35 per 1000. This new arrival was the regiment that produced the *havoc* among the women. Since September no troops entered the garrison at Plymouth, till the 11th of November, and the line has continued falling to 22, its present level. The regiment which, on the 11th, would have created a similar disturbance to that of August and September, had not the authorities directed that the men should be examined before they were allowed to leave the barracks, this was done, and *nine found diseased!!* All this proves conclusively that it is the men who primarily infect

the women, and that the men, in whom disease is readily detected whenever they are carefully examined, and whose feelings would not be outraged by an examination which is accomplished without any operation or indecent exposure to one of an opposite sex, are the persons to be restricted. To show the vast importance of this remark, I must here call attention to the fact that true syphilis, the only disease of consequence, is readily detected in the male at a glance; while in the female it most constantly happens that the various local conditions that communicate syphilis escape observation, do what you may.

Mr. Romaine says, in answer to Dr. Brewer, "The arrival of a ship is the cause of an outbreak of disease. It was found in the South Seas that one of our vessels would go to an island in the Pacific, where disease had been *utterly unknown*, and you immediately had an outbreak of disease." *So that the visit of a man of war in one of those islands was a curse.*

Mr. Sloggett remarks—(query 57 Commons' Committee:) "Importation of disease is very largely due to merchant seamen, trawlers, homeward bound ships, and a large number of coasting vessels are very much infected with syphilis. An easterly wind in the Channel will throw a large number of ships into Plymouth, and there is immediately an outbreak of syphilis."

Mr. Parsons—(query 292)—says: "The disease is brought in by the ships," and remarks that "the coming in of the Channel squadron diseased so many women as to cause the average to rise to the full strength of the beds, while some patients could not be admitted for want of space." He further remarks: "If a sailor comes on shore for *two or three nights*, and has disease, he *does as much harm* as will counteract all the good that may be done otherwise"—(by the Act.) Of course this is true of all men, sailors or not, and yet the promoters of the law pretend to effect wonders by extending the Act to the civil population.

All this proves conclusively that it is the men who primarily infect the women, and not the women the men; and that it is the soldiers and sailors, who have sacrificed their liberty for a consideration, who ought to be inspected and restricted, and not free women who owe government no obligation, and are merely the victims of the men for whose benefit it is proposed to subject the women to the grossest and most indecent outrages. Indeed, we may almost say,—no soldiers, no sailors, no syphilis. In inland towns, where there are no garrisons and no ports, venereal diseases are extremely rare. Mr. Curvengen, who, in the interests of the Association for extending the Act, has applied for statistics to various towns, remarks in his evidence before the Lords' Committee: "In a great many hospitals in the smaller

towns *throughout the kingdom* they get *few or no* syphilitic cases.” He says: “On asking how they accounted for that, I received this reply, ‘The number of venereal cases treated here is very small indeed; primary sores and cases of gonorrhœa are very seldom seen; a certain class of practitioners, the quacks, get hold of them all.’ This is the only explanation they can give, but the fact is that the quacks rarely see cases in inland towns. I have enquired carefully into this point in Nottingham and other towns, among the druggists and others, who are the persons that the hospital authorities believe treat these slight cases, since they do not apply to public institutions, and they have, without exception, signed a memorial against the Act which contains the following passage: ‘Venereal diseases are diminishing, and have steadily diminished for many years past, as evidenced by the progressive decrease in the consumption of anti-venereal remedies; in fact, we do not sell a tithe or a fraction of the drugs used for such complaints, in comparison with the sale of similar remedies some years ago.’ Some who used to deal largely in such remedies, assure me that it is not worth while to keep them now. The same evidence is afforded by the surgeons to the Workhouse, and other charitable institutions, and I have no doubt the observation will apply to all the small towns throughout the kingdom where there are no barracks or ports.”

I think I have said and quoted quite enough to show that these enforced celibates* are as dangerous to the public health as prostitutes, and even in some respects more so, as they carry infection among an innocent and unsuspecting class of women who would never, of themselves, incur the risk which all men know they encounter in voluntarily seeking intercourse with women of the town. I have also demonstrated that a sanitary law applied to one sex only, with a view of checking disease propagated by both, and principally and in the first instance by the sex which is exempt, is a delusion and a snare—must necessarily be futile in good results—and assuredly fail in the attainment of the object in view.

The practice of periodical examination in the army was given up some years ago, on the ground that it destroyed the soldiers’ self-respect, lowered the moral tone, and prevented the best men from enlisting. Now the examination of one man by another is accomplished at a glance; it is not necessary that a man should, as Professor Newman observes,

* Soldiers enlist about 18 or 20, to serve for ten years, when they are entitled to their discharge. Very few civilians marry before 28 or 30; they don’t account this a great hardship, and there is no doubt that if soldiers were occupied instead of idle, there would be no necessity to maintain an army of prostitutes for their use and amusement.

“be laid out like a carcass for dissection,” or be subjected to a surgical instrumental introspection, which to women is not only revolting in the extreme, but in some instances, especially to the very young, actually and acutely painful, and to all depraving and demoralising to the last degree. One would naturally think that if the inspection of men by one of their own sex had the effect of debasing the soldiers and sailors, that the inspection of crowds of women, herded like cattle for the purpose, by men, would, *a fortiori*, have a similar effect upon women. We are told, however, with grim irony that the indecent personal exposure, and forced association with prostitutes, of milliners, dress makers, married women, children, and labourers’ wives* has an elevating influence; and that the deliberate destruction of every soft, womanly feeling in a large, much-to-be-pitied, and—according to the advocates of the Act—very necessary class, is calculated to promote the moral tone of society.

Dr. Balfour, one of the Venereal Commissioners of 1864, in his honourable and manly protest, says: “I cannot concur in the recommendation to introduce a system of weekly examination of all known prostitutes. I do not see how it could be done efficiently without adopting a system of registration, as in France. This would involve the legislative recognition of prostitution as a branch of industry.” He adds, our aim should be “to keep prostitution within limits, rather than to afford increased facilities for the promiscuous intercourse of the sexes, which seems an unavoidable result of such recognition.”

“The Committee, in enforcing their recommendation of a weekly examination of prostitutes, connect it with the question of the reformation and restoration to society of this class. That much may be done by judicious sympathy with the women in lock hospitals is a well-known fact, *but this may be equally accomplished without the aid of weekly inspections*. It will scarcely be suggested that the work of reformation is likely to be carried on by the examining surgeon or the superintendent of police”—a fact so obvious as to be scarcely worth remarking. Moreover, not only is it cruel and cowardly to subject women to a police terrorism and detestable investigations, in order to hold the debauchee unharmed, but, throwing aside all moral and righteous objections, it is impolitic and inexpedient in the highest degree, for various reasons which I shall now proceed to point out.

In the first place, I must call attention to the fact that, although they are “brought up by the police,” it is frequently impossible to examine the women, on account of their monthly illness. (I am told, nevertheless, that attempts are made to do this

* See Appendix, Part I.

on the advice of certain old women, who conduct a preliminary process, and hint that the girls, although poorly, "are not so very bad.") What is to be done with these girls suspected of incontinence (by men themselves, of course, models of chastity) and guilty of menstruating? Mr. Swain informs us that 52 women per week present themselves for examination in the condition referred to. Dr. Barr says, "There are a large number whom it is impossible to examine." Dr. Leonard tells us that 30 in one day, at one station only, were not inspected on this account. Another witness that 500 were not examined in one quarter, for this reason only; we also learn that the women paint themselves in order to avoid the hateful inspection. What is to be done in cases like these? The finest assemblage of gentlemen in the world has solved the knotty problem for us. THEY MUST EACH BE IMPRISONED FOR FIVE DAYS. Surely the wildest dream of the most compulsory fanatic that ever breathed, never anticipated a treat like this. The fact that the women are menstruating is presumptive proof that they are not prostitutes, since habitual prostitutes soon cease to menstruate. Let me quote the words by which women are condemned to imprisonment for being, after the manner of women, as God made them:—"Any woman who on attending for examination or being examined by the visiting surgeon, is found by him to be in such a condition that he cannot properly examine her, shall, if such surgeon has reasonable grounds for believing that she is affected with a contagious disease, be liable to be detained in a certified hospital, subject and according to the Contagious Diseases Acts, 1866 to 1869, until the visiting surgeon can properly examine her, so that she be not detained for a period exceeding five days." If the surgeon's suspicions prove correct she may be detained nine months; there is no going home to explain to parents, to say farewell to friends, or make arrangements about their little property or business matters; the police say, "Now we have got you, we will keep you;" and the certified hospital may be, and often is, a hundred or more miles away. Women are spirited off, and no one, as Mr. Alderman Rees, of Dover, tells us, knows where they are gone to. "Oh but," say the advocates of the Act, "the surgeon must have reasonable grounds for believing that the woman is diseased," than which nothing can be more absurd. Neither women or men bear about with them any evidence whatever of gonorrhœa, contagious sores, or primary syphilis, and if it is impossible to examine the genital organs there is no reasonable grounds for believing anything; moreover, the surgeon suspects they are all diseased, else why are they examined at all? surely not for amusement!

Not only is it frequently impossible to carry out these examinations,

but they are also in a great majority of instances both useless and misleading, as futile as they are filthy. No man living *can distinguish leucorrhœa or the whites*, to which a very large proportion of respectable women are subject, *from gonorrhœa, by far the most frequent form of venereal disease*; moreover, with regard to sores it is impossible to say, without inoculating the patient,—a procedure which not only takes time, but is frequently misleading and utterly unjustifiable—whether they are of venereal origin or not. So that respectable women may not only be falsely accused of prostitution, but unjustly condemned as suffering from venereal disease. In illustration of this fact see two cases recorded in the *Medical Mirror* of November 1, 1869. Not only are these conditions, common in respectable women, so like venereal diseases that no man can distinguish them, but it is an undoubted fact that women, absolutely and entirely healthy, may infect several men one after another. If this is true it can be of no use to examine them. Let us see. Dr. Barr says, in answer to Mr. Kinnaird: “A woman may have no disease herself and yet through her several men may get disease. I said just now that there is a paucity of prostitutes at Aldershot. Some of the women will have intercourse with 20, 22, or 23 men in one night. I always tell those women when they leave the hospital to use lotions and injections, and to do what they can to keep themselves clean”—(for the use of the soldiers). He adds: “A great number of them, before and after they have intercourse with soldiers, use their injections so that they may escape; while a number of those soldiers, *some being diseased*, closely following each other, having connection with them, by mediate contagion different affections (gonorrhœa, sores, and syphilis) are dispersed among them.” Here is evidence of the high moral tone developed under the Contagious Diseases Act, and also of the futility of examinations. Lancereaux says: “Indeed contagion from sexual intercourse is possible without either of the parties being diseased,” *i.e.*, a man may communicate it from previous tainted intercourse, although not diseased himself, and the same with a woman. Calaneus writes that coition with a healthy woman who, has recently had connection with an infected man, will spread disease. Widermann, Thierry de Héry, Fernel, Ambrose Paré, are all agreed on this point, and G. Vella says: “I have known healthy women who have had connection with infected men, and who, not having contracted this disease, have nevertheless *transmitted* it to other men who had intercourse with them.” In short, it is an indisputable fact that women, absolutely healthy themselves, are frequently the means of spreading contagion. Not only, however, is contagion communicated in this way, but the very examinations themselves are, unquestionably, about

as certain a means of spreading disease from one woman to another as could have been devised.

Lord Clandeboye asks Sir W. Jenner whether syphilis can be communicated otherwise than in a normal manner, and mentions the case of a servant girl who contracted the disease from another person by using the same spoons and forks: and Sir W. Jenner replies that it might be communicated by various utensils, and by the use of towels.* Dr. Scott, of the Dumfries hospital, alluding to the venereal disease under the title by which it was known in Scotland many years ago as the sibbens, remarks: "That it is a disease that is easily spread by using *the same spoon* at meals; and accordingly *at harvest time, when a large number of extra hands were employed, we often found a whole district affected.*"

Lancereaux remarks: "Simple contact consequently suffices for contamination, and the latter may take place no matter in what manner the former occurred." Again: "Utensils of all kinds, especially linen or vaccination, may be the means of developing syphilis in children." He also mentions a fact detailed by Marc Widemann, in which a number of persons were infected by the use of cupping glasses. Quite recently, a case came under my own notice where disease was communicated by a bougie used by an eminent metropolitan surgeon. At the meeting of the Medical Society of the Hospitals of Paris, in September, 1861, a female patient who had been infected by the application of an eustachian catheter previously used for a syphilitic patient, was presented by Lallier, and at the following meeting, in October, *thirteen* cases of communication in the same manner, were quoted by various members.

Dr. Maurice Raynaud showed M. Lancereaux a similar case, and subsequently another was reported in the *Gazette Hebdomaire*; in a great number of these cases the syphilis assumed a severe form. Lancereaux proves that specula, syringes, and ordinary catheters have transmitted the poison, and observes a remark to which I would call the serious attention of those who deny that there is any danger in examining healthy and infected women in rapid succession with the same instrument, that the reason we do not hear more of this mode of contagion is "*on account of the seat of the evil.*" Lancereaux says: "Tobacco pipes frequently transmit the disease." Mr. Berkeley Hill says: "It is well known that catheters and other instruments have communicated the disease." Glass blowers frequently become infected

* One of the women who was sent to hospital on suspicion of disease under the Contagious Diseases Act complains that she contracted syphilis from the foul linen which she was ordered to wash when imprisoned in the lock.

by passing the tubes from mouth to mouth. At Rive de Gier, where there is a manufactory of glass, Dr. Niobis saw ten such cases, which were subsequently verified by Rollet, and Cullerier mentions that a lady contracted syphilis by tasting soup after her cook. Ricord mentions that a drop of syphilitic matter dissolved in half a pint of water, forms a solution any drop of which would suffice to inoculate the disease. Hospital authorities object to the admission of such cases, on account of the risk of contagion. Mr. Paget says he has known fifty medical men contract the disease in discharge of their duties; and Sir W. Jenner, referring to the same danger, says it is a wonder any of the medical men escape. (*I think it is a wonder any of the women escape.*) Mr. Syme, professor of clinical surgery in the University of Edinburgh, and certainly one of the most distinguished surgeons in Europe, says *there is no question* that disease is thus communicated, and that he had *repeatedly* met with men in whom the disease was distinctly traceable to females who had been contaminated “through the proceedings of accoucheurs who use specula, and are not careful in cleaning them.” It is useless to multiply such instances; enough has been said to prove that it is almost impossible to examine 150 women in an hour and a half (as is frequently done, according to Mr. Acton), many of whom, although capable of communicating the disease may appear quite healthy, without spreading infection from one woman to another. I insist upon the fact that this danger is too great and palpable to be passed over, and in face of the evidence of contamination by the eustachian catheter and other instruments, which for various reasons are much less likely to spread disease than the vaginal speculum, it is, in fact, simply ridiculous to do so. It has been said that we might obviate this risk by dipping the specula, after each inspection, into boiling water; but it is only since I pointed out the danger, that this has been proposed. Thousands of women are constantly being examined, and, so far as I can learn, the suggestion has never yet been adopted. Moreover, we must be content to look at things practically as they are, not as we would have them. Familiarity with such risks is very apt to breed carelessness. We are said to bear the misfortunes of other people with great fortitude. Examining surgeons, like other professional men, are apt to be behind time,—women, locked up for hours, get angry and impatient, “grinding their teeth with oaths,”—those absolutely healthy may still bear the poison about them,—the thorough cleansing of a vaginal speculum is a somewhat tedious task for a man in a hurry,—the very water used for the purpose may become a sink of contagion,—and the whole process, when most necessary, may seem a useless work of supererogation. Besides, we are assured by the best

authorities that it is necessary to use also anal and other instruments of the same description—mops, caustic holders, tongue depressors, &c. and including the signing of certificates, 150 women are, as Mr. Acton informs us in his evidence before the Lords' Committee, examined in two hours. Has any government on earth any right to subject healthy women, against their will, however mean and abject they may be, to a degrading and dangerous ordeal like this? I say, No! and so do many other surgeons of great experience in this special branch:—“We are of opinion that the perfunctory performance of the duty of examination, such as this routine must of necessity practically become, while leading to false conclusions, and frequently failing to detect disease, will almost certainly spread contagion from one female to another,—a risk that no healthy woman can be justly subjected to on any plea whatever.” (*See Medical Protest.*)*

Not only does it frequently happen that, owing to natural causes, these examinations cannot be carried out; not only is it impossible to distinguish the most frequent form of venereal disease from affections to which a large proportion of respectable women are subject; not only are those examined exposed to the danger of infection; but—and here is the gravamen of my charge against these filthy perquisitions—they are positively useless for the detection of the only disease of venereal origin (true syphilis) that we have the slightest interest in checking, while the false security which they afford undoubtedly leads men—and especially married men—to contract disease, who would never otherwise have incurred the risk. I ask no man to accept my “*ipse dixit*” in this matter, but I do demand—what a large proportion of the press has persistently denied to scientific opponents of the Contagious Diseases Acts—a fair hearing, and a serious consideration of the following most important facts, which are conclusive proofs of the truth of my statement. I may mention that the authorities I shall quote are in entire accord with all other authorities on the subject. In short, no fact is better known or established among those who have devoted themselves to this branch of science, than that true syphilis in the female is so difficult of detection—it is so often impossible to detect the only venereal disease of importance—that the examinations must necessarily in a large number of cases be useless for the end proposed. To quote Mr. Acton, “Notwithstanding all assertions to the contrary, the best managed regulations cannot guarantee freedom from disease.” If they cannot guarantee freedom from disease, surely must do they harm by warranting impunity when

* The highly contagious nature of true syphilis does not at all militate against the fact that it is, in the great majority of cases, a mild affection and easily cured.

there is no impunity. The editor of the *Medical Times and Gazette* says : “ Putting aside all moral considerations, no woman should have a clean bill of health.” Why not ? Surely if it were not for moral considerations, the government that goes to the trouble and expense of disinfecting prostitutes for the use of soldiers, would only be consistent in affording the soldiers evidence as to what women had undergone the process. But this must not be done ; on purely sanitary grounds they must not have a clean bill of health. Why ? Because it is so frequently impossible to say, by any mode of examination that may be devised, whether a woman is in a contagious condition or not !!! The same eminent authority, after remarking that “ a surgeon might easily be led to discharge a woman quite capable of propagating disease under the impression that she was cured,” says : “ Still more *might be passed* without having anything noticeable beyond a slight uterine discharge, almost if not perfectly undistinguishable, from the healthy one, and *these may infect their paramours.*” Mr. Berkeley Hill says : “ There is great difficulty in detecting disease, if it is the interest of the prostitute to conceal it, and that some disease must always escape detection.” That is unquestioned ; but, unfortunately, the disease that escapes detection is precisely the only venereal disease of ulterior consequence, or which we have the slightest interest in checking. Dr. Aitken, who is well known as one of the most eminent of practical physicians, says in his work on the *Science of Medicine*, fifth edition, revised and published last year : “ Medical inspections are formal and look useful, but *the infecting sore, the true syphilitic one, can rarely* be detected in the female.” In another part of this work he observes : “ The syphilitic sore, when it does occur in women, is readily overlooked, even when searched for with great care, aided by a vaginal examination with the speculum.” Mr. Simon, who is acknowledged to be one of the first pathologists in Europe, says : “ The various local states which *most habitually* spread the infection of true syphilis are *constantly* overlooked in examinations *made expressly* for their discovery.” I suppose no one will deny that these gentlemen have ample grounds for their assertions, and I submit that, to any candid mind, their evidence is conclusive of the question ; but, independent of opinion or weight of authority, the question has already been definitely settled by the indisputable logic of facts. Dr. Alfred Fournier, a great authority on this matter, who has succeeded M. Ricord as surgeon to the Hospital du Midi, the venereal hospital for males in Paris, has written a thesis on syphilitic contagion, and in conjunction with M. Puche, carefully traced the disease to its source in 873 cases. The result is contained in the accompanying table :—

Males infected by public prostitutes, registered and	periodically examined	625
„ „	clandestine prostitutes	46
„ „	kept women, actresses, &c.....	52
„ „	workwomen	100
„ „	servant women.....	26
„ „	married women	24
		873

Thus, out of 873 cases coming promiscuously under the care of these gentlemen, 625 contracted syphilis under the temptation of a false security, from women registered by the police, carefully and frequently examined by the police surgeon, subject to most stringent and oppressive regulations, and warranted clean for safe usage by a kind and paternal government. This table of simple facts is alone sufficient to condemn utterly any attempt to introduce into this country similar futile and dangerous regulations. Dr. Vintras, in his evidence before the Venereal Commission, says, in confirmation of the above facts: “You will find almost all chancre (the local sores that produce true syphilis) are, in Paris, derived from women who make prostitution their sole business,”—(and are consequently registered and subject to periodical examinations.)

Mr. Evans, who wrote an excellent work on venereal sores, remarks: “That an altered secretion that cannot be detected is sufficient for the production of disease;” adding that when he attended the examinations of 200 women of the lowest description, who were frequented by the soldiers belonging to the army of occupation at Valenciennes, that no disease could be detected in the women, *and yet the hospitals were filled by diseased soldiers infected by these very women.* He noticed exactly the same thing at Lille, and observes that *the condition that communicates disease, in the female, is only to be known by its effects;* and says it is thus “THAT GOVERNMENT REGULATIONS MADE FOR PREVENTING THE PROPAGATION OF VENEREAL DISEASES SO COMPLETELY FAIL IN THE ATTAINMENT OF THEIR OBJECT.”

If these things are true, what must we think of that sullen, dogged determination which certain gentlemen are exhibiting to extend such an utterly useless and shameful piece of legislation over the whole country? As to the truth of the assertion respecting the army of occupation at Valenciennes, I fortunately have had an opportunity of verifying the facts by several personal interviews with a gentleman who was present—I allude to Dr. MacLoughlin; and as I am aware that, owing to that gentleman’s peculiar views respecting the venereal disease, his assertions have not been allowed to have the weight and

serious consideration which they deserve, I will just state that Dr. Macloughlin entered the army as a surgeon in 1811. After the peace in 1814 he did duty at Fort Pitt hospital, Chatham; he was with his regiment in Paris in 1815, and there studied this peculiar form of disease. In 1816, he was on duty in the general hospital at Valenciennes, with the garrison of English troops; was personally acquainted with Mr. Evans, the author just quoted, and has assured me himself that it was strictly true—a fact which at that time surprised him immensely—that they could detect no disease in the women, although the hospitals were filled with soldiers who had contracted disease from these very women.* Struck by this remarkable fact, Dr. Macloughlin was induced, in subsequent private practice in Paris, whenever a gentleman applied to him suffering from syphilis, to ascertain from what person the disease had been contracted; and it was his regular practice, in company with the French police agents, to visit the brothels and find out the person who had communicated the disease. He told me that he took considerable trouble in this matter, and used, on each occasion, to give the police agent a napoleon, and the woman a napoleon. In all these cases the woman was submitted to careful examination by the police surgeon, himself, and others; and Dr. Macloughlin solemnly declares that “they were scarcely ever able to detect disease in the female,—that it was excessively rare for them to discover the source of infection in the female.” In one gentleman, where secondary symptoms of a severe type were developed very speedily after the primary symptoms—in a case pronounced to be unequivocal syphilis, by M. Biet and others—the only two women with whom the patient had ever had connection† were brought up, and repeatedly examined by five or six medical men, including the police surgeon, and not the slightest trace of disease could be detected in either of these women. Dr. Macloughlin practised for 27 years in Paris, and the constant recurrence of these cases led him at last to form the opinion that there was no such thing as a specific virus. Dr. Macloughlin had immense opportunities for studying the disease in Paris and elsewhere, and whatever we may think of his peculiar opinions, no one can deny that his testimony as to facts is thoroughly trustworthy and invaluable. Mr. Skey, in a letter written to Dr. Macloughlin, on May 19th, 1864, and referring to these facts, says: “I am convinced, in common with many sur-

* The reader will find similar facts detailed in *Hoopper's Medical Dictionary*.

† The gentleman in question was an American; fear of infection had prevented his indulging in intercourse until his arrival in Paris, when he immediately availed himself of the supposed security afforded by the regulation system, and contracted the worst form of venereal infection.

geons, that disease is not necessary to the same form of disease in the other sex, and that every variety of sore, and every form of purulent discharge, from the slightest to *the severest in intensity*, can be obtained from women who have not, in their own persons, indications of disease of any kind."

Do not these facts, as Professor Newman observes, totally uproot the very groundwork of the Act? Sir Henry Storks tells us that at Malta it frequently happened that women, denounced by soldiers as having infected them, were, on examination, found to be perfectly healthy, *i.e.*, no disease could be detected. The police agents employed under the Contagious Diseases Acts, at various stations in this country, assure us also, in their evidence before the Parliamentary Committees, that infected soldiers constantly denounced women as having diseased them, who on examination appeared quite healthy. Sir W. Lawrence states that he has examined women who had infected private patients of his (suffering from unequivocal syphilis), and has frequently been unable to trace any disease in the females from whom the sores had been contracted. In fact, the local manifestation of true syphilis so frequently escapes notice, that Clerc, one of the greatest authorities, failed to find it after most careful search in a considerable proportion of women who had recently contracted the disease. Mr. Busk states that some of the worst cases treated on board the *Dreadnought*, hospital ship, were contracted from women who, on examination, appeared to have little or nothing the matter with them. Mr. Langston Parker, of Birmingham, a great authority on these matters, says that syphilis is certainly communicated when it is impossible to detect any sores whatever; the late Mr. Hey, of Leeds, calls attention to the same fact: and Clerc quotes an instance of a prostitute who was repeatedly and carefully examined, and declared to be free from disease; she, however, infected several men, and on subsequent and careful examination, all that could be found was a slight muco-purulent discharge,—a condition common enough in respectable women, and stated by Mr. Hill to be almost universal among London prostitutes. M. de Meric says, in reference to this difficult point, that if all the uterine catarrhs are to be sequestered, it would be necessary to send to hospital nearly all the women, and yet "they may infect their paramours."* What, in the name of common sense, then, is the use of examining them? What can examiners do in such cases? They cannot seclude twenty or thirty thousand women in London alone, and yet it would be impossible for them to say whether it would be safe to have intercourse with them or not.

* See Note, p. 16, Part I.

Mr. Holmes Coote says: "The peculiar nature of the examining surgeons' employment is not the most ennobling, and must bring him into associations he would rather avoid. But it should be asked, are his duties of such a nature that he can faithfully discharge them? Can any man, *however experienced*, undertake to pronounce, after the most careful examination, that a public woman is sound? We fear not; and if his certificate is not trustworthy, and yet carries authority, to what unpleasant complications and unjust inferences may it not give rise." Is he to be liable to an action for damages? Exactly, when a father has contracted disease, and infected his wife and family, on the strength of a security so kindly provided by our paternal government, is he to have no remedy against the government or surgeon? Let me ask, of what value are the statistics which are paraded as to the number of diseased women at certain stations? when it is a solemn fact that no surgeon can say with certainty whether they are suffering from venereal disease or not. If 100 respectable women were called prostitutes for the nonce, and subjected to the examining surgeon's perquisitions, he would be certain to pronounce a number of them diseased; and *vice versa*, if 100 prostitutes *in a contagious condition* were similarly examined, a number would necessarily be passed as sound.

Mr. Hill states, "that great difficulty exists in deciding whether a particular discharge is likely to communicate disease." Again, "a patient is often very anxious to know if a discharge is contagious,—a question *most difficult to answer*. It may be mere mucus, and quite healthy in appearance, and yet retain its infectious qualities very strongly." The editor of the *Medical Times and Gazette*, in a recent article, says that the proof of *infection by syphilis* of a given person is *so slight*, that it will evade all ordinary organization. Again, he adds, slight forms of venereal disease need no specific pabulum, and the poison of syphilis is so insidious and lurks where least expected, that it is in vain to attempt to keep it out. The medical gentlemen resident in Nottingham have, in the protest previously alluded to, agreed to the following clause in reference to this point: "That as it is admitted by all competent authorities, not only to be difficult, but oftentimes impossible, to detect the infecting sore (the only form of disease likely to affect the constitution, and hence most important to discover) in the female, even with the most careful vaginal examination with the speculum, such examinations must not only be barren in results, but lead to false conclusions as to the safety of intercourse with such women."

I have heard medical gentlemen who have made themselves prominent as supporters of the Contagious Diseases Acts, evidently in entire

ignorance of such facts as I have quoted above, say: "Oh! we don't care for authorities; the system must do some good, or they would not carry it out abroad." The fact is, the authorities abroad would be very glad to shake off the odious and disgusting despotism, if they could. They have never dared to legalise it, and although the powers that be connive at the efforts of the police, no man has ever had the effrontery to stand up in the land of *liberté, égalité, and fraternité*, and publicly propose the enactment of one law for women and another for men, or to sanction the disgusting outrages which are the necessary accompaniment of the periodical examination of supposed prostitutes. That infamy has been reserved for England. Many of the most eminent physicians on the Continent are opposed to the system, because it entirely fails to attain the end in view; while those engaged in carrying it out, complain that the labours of Sisyphus are entailed upon them. I have it from one of the most experienced state examiners that the difficulty of detecting the condition that communicates true syphilis in the female is so great, that the examinations on the whole, by giving a false security, do more harm than good. Leon Lefort, of the Paris faculty, and physician to the Du Midi hospital, one of the greatest authorities on the subject, says that what with infection derived from *inspected and certified* women, and what with clandestine prostitution, "THE MEANS EMPLOYED AGAINST SYPHILIS IN PARIS AMOUNT TO NOTHING."—(See *Medical Times and Gazette*, Jan. 8th, 1870.) In the evidence given before the Parliamentary committees, one cannot help noticing a constant effort on the part of the examiners to elicit statements from the witnesses as to Englishmen and Americans taking syphilis to Paris. Now, Leon Lefort says, in reference to this point: "Paris is sufficiently rich in syphilitic virus not to need to borrow elsewhere. As to strangers, they certainly take away more than they bring." And in answer to the question—what is the quantity of syphilis in society in France, and how many people out of any 500 show any trace of it?"—he says: "If it were a question merely as to venereal diseases in general, we might say what Voltaire inscribed on the pedestal of a statue of Cupid—

‘ Qui que tu sois, voici ton maître ;
Il est, le fut, ou le doit être.’ ”

That is, in other words, every male contracts some form of venereal disease, sooner or later, under the beneficent provisions of the French Contagious Diseases Act,—a statement extremely well calculated to induce us to adopt a similar system in this country. He proposes as a remedy that women suspected of incontinence shall all be forced to live in licensed brothels—the most hopeless hells that can be con-

ceived: see *Part I.*, p. 19)—and that no man shall be admitted until the mistress of the house has carefully examined his genital organs. He adds: “The measures taken can never be of more than very limited efficiency;” and, evidently mindful of the disastrous effect of the false security, says: “*Announce loudly* that, aside from these conditions, the *authorities are not responsible*, and that street women are not *inspected*,” a knowledge of which fact in England, at this present moment, *does more to keep venereal diseases at a minimum* than all the regulations, and all the wrong, cruelty, and injustice which has ever been perpetrated in the name of the administration in France for a century. Take the unavoidable inference from Lefort’s quotation of Voltaire’s rhyme, as to the prevalence of disease in Paris, with the proofs I have adduced as to its comparative rarity in England, and of which fact the following statement (made by the President of the Association of the Medical Officers of Health for London, Dr. Druitt) may be taken as an apt illustration,—“Speaking from thirty-nine years’ experience, he was in a position to say that cases of syphilis in London *were rare* among the better classes, and *soon got over*,”—and then tell me what sense there is in attempting to introduce such a foul and disgusting system into England. The fact previously quoted as to proportion of sick poor affected—455 in a poor population of a million and a half (p. 20)—shows that the observation is true of all classes in this country.

I quote M. Lefort again (see *Medical Times*, September 25, 1869): “The inspections do not suffice. As it is, syphilis is increasing in Paris; not only because of the increase of clandestine prostitution, but also *because the examinations of the ‘filles publiques,’ the registered and periodically examined women, do not answer their end.*” Lancereaux remarks (p. 298): “That the too great number of women, and the little time possible to devote to each, tend to render our sanitary measures, to a great extent, illusory.” He says: “That the women do not fail to remove by washing and injections the product of secretion indicative of contagious lesion, before coming to the examining house;” and adds: “Under these circumstances only a comparatively slight security is ever obtained.”* In fact all the authorities are unanimous as to the failure of the system, and all facts and statistics point in the same direction.

Ricord, Ratier, Sandouville, and Davila say the examinations, once a week or fortnight, are merely absurd, they must be instituted every three days; but Lancereaux adds, “*This interval is doubtless still too*

* The increased cleanliness of the women at our garrison towns, so loudly proclaimed as proof of the benefit of the Act, is evidently one of the reasons why the system is not efficacious.

long. The women must be examined every *two days at least*, and all that are suspected must be detained—(uterine catarrhs are universal, therefore all must be detained). Moreover, multiplying the visits is not enough; it is important to prevent deception, and to avoid everything which may render difficult the medical diagnosis, which purpose can only be effected by keeping the women *for some hours in a place devoted to that object.*" (See Lancereaux, vol. ii. p. 275). In fact they must be herded like cattle, in the interests of debauchery, in a *prison cell for hours*, every other day, and during the whole of that time be carefully watched by police spies to prevent any syringing or surreptitious wiping away of discharges. Nor is this all, worse remains to tell. Every existing shame and cruelty heaped upon these starving women, beset by bribes, must be increased a thousand-fold. An essential point, and one upon which Guichard and Davila have already insisted, is to examine not only the genital organs, but also the skin, the mouth, the throat, the anus, &c. "Since it has been admitted that secondary lesions are contagious, and that they produce infection more frequently perhaps than the primary lesion, *this examination has become indispensable.*" (See Lancereaux, vol. ii. p. 275). In another part of the same work the necessity of carefully *introspecting the anus*, lest chancre lurk *unsuspected* in the folds of the bowel, is insisted on. Moreover, women who have had sores must be kept prisoners for weeks or months after cure, lest secondary symptoms should crop up in course of time. It is roundly confessed that unless this be done, the system, even so far as the women who can be brought under inspection are concerned, must necessarily fail; and even when all these beastialities have been perpetrated upon girls merely suspected of incontinence by policemen, "The best regulations, notwithstanding all assertions to the contrary, cannot guarantee freedom from disease. The brothels are crowded on inspection days from the presumed extra security; the hope of escaping punishment multiplies vicious habits, and many are tempted by the health inspections who otherwise would never incur the risk." (See *Acton on Prostitution*, quoted p. 16, part I.) Surely the attempt to force such a system on this country implies that soundness of mind is lost to those who advocate it. As a lover of the profession to which I have the honour to belong, I cannot, moreover, refrain from quoting from a leader in the *Medical Times and Gazette*, of September 22, 1869: "There is nothing which would tend more to deprive medicine of the rank of a respectable calling, than the fact that practitioners should be found willing to lend themselves to the dirty work of examining prostitutes, in order to enable them to carry on their trade, and even, as has been proposed, instructing them in the art of injecting, so that they may sin with safety. If the heads

of the profession, or the colleges, ever desire an opportunity of protecting their members from degradation, here is one."

"At last we must speak the truth. Woe to those who speak it not, and woe to you if you dare not hear it." This, according to the highest authorities, is what we must indispensably come to before the Contagious Diseases Acts can be of the very slightest service. Practitioners of medicine, armed with anal and vaginal specula, laryngoscopes, mops, sponges, caustic holders, and tongue depressors, violating with surgical instruments every other day, and perchance contaminating—with the assistance of government hags and grinning policemen in reserve—the mouths, throats, stripped skin, genital and anal apertures of hundreds of unwilling women and children, previously herded like cattle for hours: not only prostitutes, but milliners, dress makers, female operatives generally, domestic servants, wives, and others, whom police spies may choose to say they suspect of incontinence.* Women—some pregnant, others menstruating—strapped in coercion machines, smothered with towels, and threatened with the actual presence of and exposure to policemen, if they don't lie still;—all this under legal sanction, and in order that men may safely and without fear commit the very crime (if it be a crime) for which women are thus, on mere suspicion, most atrociously outraged!!!

"I object to the Contagious Diseases Act, because the ripping open of the moral sore and sewer is an outrage upon the country, and a day of sin, shame, and filthy jeering to the thoughtless crowd; because it embrates the sacred medical office, and pays it for pretending to give away the power of sin and wickedness; and because it is the germ of a system which would debauch and infect the general public. I object to it in the interest of the bad women whose persons are violated periodically by state interference, and who are unjustly selected as a mark for medical legislation, while the corresponding class—the male whores—are left free to emit infection; and I recall that all this comes of taking, not the opinion of experts, but their domination, and of allowing them to *build place, and power, and pelf* where the most sacred liberties have dwelt. The state surgeon should be attended, for indignant human nature's sake, by a stout vigilance committee of self-sacrificing women, and this committee should assess drum-head damages for any injury done by steel or forcings on the examined bodies. I am not a jurist, but I know by heart that there are rights of the person which precede and tower over the Church and State; and the Parliament which breaks them is out of all law, and openly invokes on both sides might against right, and in so far proclaims the dissolution of society.—"*A Free State and Free Medicine*," by James John Garth Wilkinson, M.D., 1870.

I think I have said enough to show that the examinations, even in the cases of women who can be brought to submit to them, are little or no protection. "Oh! but," say the promoters of the Contagious Diseases Acts, "it is granted that there are great difficulties of

* See *Appendix*, Part I.

diagnosis, but we can detect the worst cases." This is a grave error. The worst cases in appearance are comparatively unimportant in a sanitary point of view. The large sores, excrescences, and the profuse discharges, which a man must be blind and idiotic not to detect, communicate almost solely gonorrhœa and soft sores—purely local affections; while, as the editor of the *Medical Times and Gazette* observes, "the poison of true syphilis is so insidious, and lurks where least expected, that it is impossible to keep it out." Moreover, there are these terrible drawbacks to the system:—1. The examinations give a false security, especially to married men, and thus constitute a real danger for the innocent wives and children they are so falsely supposed to protect. Mr. Acton tells us of men, who have travelled hundreds of miles, lured by a false security, to visit French brothels in London, when periodical examinations are carried out, and have immediately contracted a foul disorder. The brothels in France are crowded on examination days from presumed extra security. I am acquainted with commercial men, married, who have told me that they have availed themselves of the so-called protection afforded by government to fornicants in garrison towns, and knew of scores who did the same thing, when they would as soon have thought of jumping out of the window as incurring the risk of contagion elsewhere. I have attended one case of disease in a married man thus contracted recently myself. I need not enlarge upon this point; it is a matter of common sense. Once remove the fear of contagion, and what else, especially when from home, do a vast number of married men care for? "Misericordia" asks for the Act, in a letter to the *Pall Mall Gazette*, on behalf of innocent children. If "Misericordia" will give this matter a little serious consideration, I am quite sure he will see that innocent wives and children will suffer both from *desertion* and *disease* in exact proportion as this Act is extended. "If the promiscuous intercourse of the sexes should increase among us, *whilst, as is perfectly certain to be the case*, it is only partially freed from physical risk, it is quite possible that there may be no gain as regards the sum total of syphilitic misery."—*British Medical Journal*, June 18, 1870.

So much for security to be obtained, even in the case of women who can be brought to submit to this disgusting ordeal, but the fact is the great majority cannot be forced to submit to the examinations at all; and the Acts really call into existence a host of clandestine prostitutes, —women who regard periodical examinations with such horror (as they well may) that they will not submit to them. They get married to, or otherwise consort with, thieves and ruffians of every grade, who assist them in evading the police; their whole life is a living lie; a painful struggle is constantly going on between them and the police

agents, in which black mail, bribery, and corruption play no unimportant part; and they become infinitely more degraded and dangerous to society than under the *Laissez faire* system. In this degrading struggle the free agency of respectable women is trampled under foot. Self-dependent women and girls of humble station are cast helplessly at the mercy of police spies* and the secret letters of profligates; while the result of the whole transaction is this—the principle of liberty triumphs; the women escape in such vast numbers that not one in ten can be got under control. According to Leon Lefort, there are at the present moment 40,000 prostitutes in Paris who cannot be registered, while 2,782 are the number periodically examined. One would suppose, at first sight, that the unsubjected women there would be just in the same position, as regards danger to the public health, as the free women of England; but the danger is greatly increased, simply because when diseased, for fear of detection by their enemies the police mouchards, they conceal the fact. They dare not apply for treatment; bear any amount of

* Dr. Vintras stated in his evidence before the Venereal Commission, that 80 women were arrested in Paris every 24 hours, for the crime of walking about without a prostitute's licence, on the ground of intended prostitution. They are examined with the speculum after a night's incarceration.

A lady, writing from one of the subjected districts, says, "I heard a girl say to a very delicate lady-like girl, 'How is your baby Fanny?' Fanny burst into tears when I questioned her; she said her baby was dying, and it was the only thing she loved. I asked her if she was exempted from the examination during her pregnancy. She said, 'No; I begged very hard of the doctor to let me off, for I suffered so, I could bear it no longer.' But it was not until within 6 or 7 weeks of her confinement that he would let her off, and he said he could not let her off at all unless she went into the workhouse and remained there. Nothing can exceed the horror, shame, and grief with which most of the women speak of the examination; in many instances they wept when telling me of their having to go through it when their monthly illness was upon them." I copy the following from the *Shield*, of May 2, 1870, "The first case is that of Jane Boodle, she is the mother of several children. The spy stated on oath, 'That he *had never seen her plying for hire*, that he *had never seen her in a house of ill fame*, that he *had no evidence of her prostitution*.' He said, however, that he suspected her. Therefore the magistrates ordered her, the mother of children, to be enrolled as a common prostitute, to be herded with the lowest, brutally inspected, and if found affected with leucorrhœa, or any little ailment common to all or any woman, to be sent away to prison, from her children, for any period not exceeding nine months. I am informed that this poor woman was in very straitened circumstances, her children and an aged blind mother being entirely dependent upon what little she could earn by washing and mangling. The second case is that of Sarah Waters. She is a young girl, she is pregnant, she has been examined thrice. The instrumental violation of her person has caused her on each occasion great pain and copious flooding. The spy has gone to her home, into her bedroom, when she was ill and retching from her state. He has told her he would summons her if she did not submit; he has summoned her, and she was told by the magistrates she must either be imprisoned or submit to the examinations, which she stated were killing her. A lady who knows the truth of these facts from her own certain knowledge, calls it 'Savagery, that men should force instruments into the bodies of pregnant women, as if they had not enough to bear by nature.'

disease rather than sink into the class of notorious prostitutes; are never cured, and thus become sources of infection infinitely more dangerous than any similar class in Great Britain. "They cause disease to be spread far and wide, and are at the same time so thoroughly secluded from observation and the possibility of suitable treatment, that it is developed and propagated far more extensively and more rapidly, and in forms much graver and much more dangerous than could be accomplished by any other practicable agency."*

M. Lecour, Commissaire Interrogateur and chef de Bureau à la Prefecture de Police, whose duty it is to superintend the administration of these Acts in Paris, and to note specially their effect in the limitation of disease, says: "All these results prove that prostitution is increasing, and that it is now *more dangerous than ever* to the public health. Has the action of the police then relaxed? No; on the contrary, it has more powerfully organised its means of repression, of surveillance, and of sanitary control. It has never been more active than now. This is proved by the fact that the number of daily arrests of unsubmitted girls is on the increase. THE EVIL IS A MORAL AND SOCIAL ONE, AND CANNOT BE CONTROLLED BY THE POLICE, WHO CAN NEITHER RESTRAIN NOR DESTROY IT. The number of 'permitted

* See "Justina's" reply to Miss Garrett; also the January number (1870) of the *Westminster Review*. The former may be had of Tweedie, Strand, price 1s.; the latter in a separate form, price 1s., of Trubner and Co.

The following is extracted from a letter from Mrs. Butler, published in the *Shield* of April 25, 1870. "Many people have wondered why these women after submitting to the examination once, or even twice or three times, have refused it the third time or fourth time. The reason is plain. In many cases the physical suffering inflicted is so great that it is not surprising that they should decline to be so tortured again and again. Many told me of the difficulty they had in walking afterwards, and of the night spent after, crying in sleepless pain. The doctors will deny this—they will swear, depend upon it, that the process is neither painful nor injurious—but the women probably are the best judges of whether or no they are suffering pain, and all women, knowing their own constitution, must (if once they know what it is which these women have to go through) be aware that such a violent and unnatural process frequently repeated must be injurious as well as painful. When I saw women in bed suffering, weeping, the whole nervous system shaken by this outrage; when I saw actual evidence of the pain and torture inflicted, I asked myself, 'Is any state on earth justified in inflicting torture on frail, helpless, often friendless, girls for any crime that can be mentioned?' I shall now give you some of the cases enquired into by Mr. and Mrs. Heritage, whose untiring benevolence among these outcasts deserves mention, and I shall reserve for a future letter, or letters, notices of my observations on the working of the detective police system, and the educating tendencies generally. I accompanied Mrs. Heritage to visit some of these cases. The following is from her note-book: 'Visited Miss G.; found her a most interesting young person; an orphan. She has attended for examination several times, but experienced so much pain that she determined not to endure it again. She saw Mr. Ryden, her own doctor, as she had symptoms which were new to her, and which prevented her walking except with great pain. She asked Mr. R. if she could be excused attending at Hawkes Lane, as she had been pronounced perfectly free from disease. He found she had signed the voluntary (?) submission, and told her she must continue to attend. She wrote a note to

houses' (brothels) is diminishing. This sounds well; but now let us see. The fact is this: women leave the permitted houses and swell the list of '*filles isolées*' (solitary prostitutes) [whom it is much more difficult to bring under police control.] These '*filles isolées*' under control are again year by year diminishing, by going over to, and augmenting the ranks of, the unregistered women. The numbers of these latter increase continually, and the difficulties encountered by the police are insuperable. The evil must be *overcome by moral*, not by *legislative means*." In a letter to Mrs. Butler, the same authority makes the frank and honest avowal contained in the following words: "THEREFORE WE SEE THAT BY SCIENCE WE HAVE INCREASED AND NOT DIMINISHED THE EVIL."

The editor of the *British and Foreign Medico-Chirurgical Review* says: "That clandestine prostitution is the rock on which all foreign systems of regulation have broken up, and it will prove fatal here to any scheme for annihilating syphilis among our civil population;" and the foreign correspondent of the *Medical Times and Gazette* (vol. ii., 1869), speaking of prostitution in Holland, remarks: "In the published reports of prostitution and prostitutes you everywhere find spoken of

the officers stating her inability to attend through illness. One of the constables went down to her house, and though she was in bed, he opened *her room door and walked up to her bed*. Being very weak, she was much agitated at such rude and offensive treatment. He spoke very roughly to her, and said she must attend, or they would come and carry her to Hawkes Lane. She has been out only a few steps when the sun was warm, and immediately one of the spies pounced upon her, and ordered her to go next time, but she assured me she would go to prison rather than to the examination; it made her so ill. She is suffering from severe affection of the chest and lungs, has a violent cough, and pain in her side, and every appearance of consumption. She expressed the deepest gratitude when I told her of the efforts we were making for the repeal of the Acts' This girl said to me, when there with Mrs. Heritage, 'We ought all to show the officers that we have some respect for our persons.' Many people think, I believe, that such women have *no right* to have any respect whatever for their own persons. To continue from Mrs. Heritage's notes: 'Visited and conversed with A. W., a cheerful, candid girl about 22. She stated that early in January she was at the "Alexandra" public house in Northgate, where most evenings, there are amusing entertainments. There were several girls gathered there: not a man among them, when a stranger appeared among them. After talking familiarly with them, he said he wanted the name and address of each one present, Not having the slightest idea of the purpose, they willingly gave their names. They were visited by the Inspector and ordered to appear at Hawkes Lane the following Friday. She went, not at all knowing for what purpose. When they entered the house the inspector sat at his desk, and calling them, said they must sign their names. Some asked what they had to sign their names for? "O," he replied, "you will find out that presently; sign your name." Up to the hour I was spending with them, neither of these girls, in whose lodging I was, had any idea of the nature of what they had signed. It was the voluntary submission, but in several cases which came before us, it had not been read to them at all. 'They were then ordered upstairs, and locked up together. One by one, they were taken out by the Inspector to have the horrid secret revealed to them. Seven of the number were detained, and told that the officers would take them away to hospital. Some became

a diminution of both." (This is the sort of information we are favoured with from our garrison towns by the subordinates employed in carrying out the regulations.) But what says the Prefect of Police of the Hague, on the question? "At what figure do you estimate the number of clandestine prostitutes?" He answers, "THEY ARE NOT TO BE ESTIMATED, THEY ARE CONTINUALLY INCREASING." The same writer observes: "You ask me, Do the laws against prostitution work well for morality? I reply, No! Do they work well for the suppression of syphilis? I reply, No! Do they really diminish venereal disease? My opinion is, No, no, no!"* In reference to the diminution of brothels under the regulation system, M. Lecour, than whose authority none can be higher, remarks: "It would be a grave error to suppose that on behalf of public morality this fact constitutes a reason for rejoicing, for it is due only to a simple change of form. Now-a-days men search for adventure at the great risk of their health, and in many cases of their tranquillity. It is a question of vanity and luxury on an immoral, unwholesome, ground. Instead of the

excited; they entreated to be allowed to go home and take leave of relations, or to get a few little things together—pen, ink, and paper; but every entreaty failed. "No," was the stern reply; "we have got you, and we will keep you." They refused to walk, and said if they were thus dragged away they should carry them to the station. A cab was called, and seven, poor, sad women, in anger and tears, were taken away by two detectives and a policeman to the station, without food, from the time they were leaving home till they were lodged in the hospital at Shorncliffe. E.B., about 18 years of age, an intelligent girl, has appeared for examination several times. Abhors it exceedingly. I gave both of these my address, told them to show it to the Inspector and say he must summon them before the magistrates, and I would go with them, and state much which they (the magistrates) would be sorry to hear. J. H. has a room in the same house. She said she had been ordered several times to appear at Hawkes Lane. She replied, "No; the pen, ink, and paper are not in existence with which you will get me to sign my name. You will never see me there." Mrs. K., wife of John K., was summoned to appear. She had not long been out of the general hospital, where she had undergone an operation. She was not strong yet; had no idea what they wanted of her at Hawkes Lane. She was one of the seven sent away. She begged very hard to go and see her husband before leaving, but was not allowed. She opened the window and would have jumped out, but several held her back. The Inspector opening the door, she rushed to it and tried to make her escape, but he prevented her. She struck him, and he threatened to send her to prison. Presently looking through the window, she saw her husband in the street, and called to him that she was detained. He started off to Mr. K., her doctor, hoping by *his* orders to get her released; but he could not. The poor husband took his wife some tea, and walked up and down outside, weeping very much indeed. After a time she was discharged from hospital, and they two have left the city together, he giving up his work to go with her.' I may add to this recital that this poor working man and his wife happened to come to a town on the coast of Kent the same day that I went there. The men of that town, learning that they were flying from 'Mr. Cardwell's spies and doctors,' said they should have protection, and that although that town is within the 15 miles over which the police control extends, the spies would scarcely find it worth while to show themselves in the place!

* See the increase of disease among the soldiers in Holland under the same system.—(Quoted from Dr. Huet's report p. 28.)

transient contact which, in the *maison tolérée*, or in the apartment of the *fille isolée*, is only a kind of material contamination, the danger of which the Administration strives to reduce, a chance meeting is preferred, where it is imagined possible to play a better rôle at a slight expense; and thus men throw themselves into the arms, always stretched out, of clandestine prostitution, which diffuses the syphilitic poison. The *maisons de tolérance* vanish, but it is only to reappear in forms which augment the risks to health without being less scandalous at the same time. If the police, always on the watch, opposed no obstacle, we should see these places of debauchery reappear and multiply in the guise of perfumery, drapery, or glove businesses, as they formerly abounded. Nothing can be more dangerous from every point of view, than these prostitution-establishments in disguise. They induce a moral decline which, without their special facility, would not occur, and they constitute real snares for young girls who, as work-girls or otherwise, seek employ, and who soon prostitute themselves without their families being aware of it."

Indeed all trustworthy evidence goes to show conclusively that we get worse than nothing for the sacrifices which this kind of legislation calls upon us to make. "Whatever renders vice apparently safe, and increases its prevalence, must increase disease." The following table, for the year 1868, gives some idea of the effects of the system in disseminating disease in Paris.

Venereal Patients treated in L'Hôpital du Midi.....	3,185
„ „ „ de Lourcine ...	1,024
„ „ „ St. Lazare.....	1,624
„ „ the ordinary Paris hospitals	1,551
„ „ military hospitals	2,046
<hr/>	
Total.....	9,500

"Without fear of being taxed with exaggeration," says M. Lecour, "we may consider this number as representing the fifth of the number of venereal patients of Paris who are treated at home by physicians, or who apply to druggists or empirics. We thus reach, as a total number, 47,500,—a formidable number, although it is probably below the truth."*

Whenever we can get it, unbiassed testimony points to exactly the same results in this country. Mr. Wolferstan, house surgeon to the

* Contrast the 9,500 hospital patients in Paris with the 455 among a poor population of a million and a half in London, and the total number of 47,500 among all classes with the quotations I have already made from the President of the Association of the Medical Officers of Health and the twenty leading London practitioners, (p. 20)—recollecting always that the population of Paris and its suburbs is one half that of London,—and judge of the efficacy of the system in diminishing disease.

Royal Albert hospital, Devonport, than whom no man could possibly be in a better position to ascertain the truth, remarks in a letter published in *The Shield*, May 23rd, 1870: “My opportunities of forming an opinion have been ample. I was for nearly five years, commencing three months before the Act of 1864 came into operation, and ending at Christmas last, Resident Medical Officer at the Royal Albert Hospital, in which all the women subjected to the Acts have been detained for treatment. During this time about 1,500 women, representing in round numbers 4,000 admissions, were brought under my immediate notice. I AM OPPOSED TO THE PRESENT ACTS BECAUSE I BELIEVE THAT THEY HAVE FAILED TO EFFECT ANY MATERIAL IMPROVEMENT IN THE HEALTH OF THE SOLDIERS AND SAILORS; THAT THEY HAVE GREATLY INCREASED CLANDESTINE PROSTITUTION (AND, WITH IT, DISEASE AMONGST THE CIVIL POPULATION) AND ILLEGITIMACY.”

One of the most striking proofs of the resolute resistance with which Paris prostitutes encounter the enforced sanitary *regime*, consists in the fact that nearly as many punishments are endured by them each year as there are registered women “in circulation.” The number of cases of punishment, and the number of registered prostitutes “in circulation” during the last five years, are as follow:—

Years.	Prostitutes “in circulation.”	Cases of Punishment.
1865	3,313	3,267
1866	3,203	3,510
1867	3,167	3,032
1868	2,938	3,208
1869	2,782	2,597

(See *Medical Mirror*, May 1st, 1870.) Although in 1869, only 2,782 women could be forced on to the register by the Paris police, we find M. Lefort, surgeon to the Hôpital du Midi, (in entire accord with M. Lecour) stating that clandestine prostitutes are continually on the increase. “Their number for the city of Paris alone, is valued at 40,000; the greatest ratio of syphilis has its source here; the largest amount of disease coming from the *bonnes fortunes*.” Let us see now what remedies are proposed to meet the difficulties which have arisen under a science which does not diminish, but increase the evil—I quote from the *Medical Mirror*, of May 1st, 1870. “A body of police large enough to arrest 50,000 prostitutes, and to keep them in brothels, is the marvellous and eminently French prescription of M. Lefort.” In fact there are influences concerned in the production of these diseases which cannot be controlled by policemen; and there is abundant evidence to show that no practical system of despotism would avail to check the malady. Already in Paris, in order to cope with the evils which have sprung up under similar regulations, it is

now insisted that 40,000 more women be added to the list already registered as prostitutes; also that girls of tender years (minors) living with their parents or families, or engaged in industrial occupations, if suspected by the police, shall be forced into brothels, registered for public use, and periodically examined. All this in spite of the remonstrances and entreaties of the parents, who, henceforth, are to be deprived of their right, hitherto recognised by the French law, to save their children if under age, from such infamy—(see *Medical Times*, September 25th, 1869)—*i.e.*, all women suspected of incontinence must be dragged from their parents' homes and occupations, converted into common prostitutes for public use, and compelled to live in licensed brothels.

“Now if in respect to the compulsory surveillance of prostitutes, one fact has been more fully established than another, it is that nothing renders them more degraded, and more devoid of self-respect, and more utterly reckless of themselves and what becomes of them, than being forced to submit to periodical medical inspections. They feel that they are treated like cattle, herded together to wait their turn to be examined, not for their own sakes, but for the sake of those men who resort to them, and for whose physical security *their* personal freedom, *their* sense of shame, and the modesty which may still remain to them are ruthlessly sacrificed. It might easily be imagined beforehand that enforced submission to such a repulsive ordeal cannot fail to harden, deprave, and make thoroughly desperate, and consequently almost wholly irrecoverable, even those natures which at the outset were essentially good and noble; and that it really does so experience proves with a decisiveness which only those who will not see have the boldness to question.”—(“*Justina's*” *Reply to Miss Garrett.*) Does not all this show that the attempt to control vice by an express institution of it, is a delusion and a snare. Does it not prove even that it breeds evils so monstrous and horrible that our own ills are not to be named with them?

I think I have shown that, in the face of a progressive decline and comparative immunity from disease, there is no necessity for legislation in this country, and that the means proposed are certain to fail in attaining the object in view. It now remains for me to point out the only measures which would really suffice to check the spread of venereal disease.

Mr. Holmes Coote, the well known Surgeon to St. Bartholomew's Hospital, remarks “that the philanthropist who would attempt to deal with prostitution, on other principles than those of Him who uttered this warning and advice, “Let him that is without sin

amongst you cast the first stone," must needs be both a bold and ignorant man;—bold, because he attempts in defiance of such warning to do that which has failed in every known clime and age; ignorant, because he has yet to learn that in the sight of their maker men and women stand with equal rights, and that no blessing will attend legislation which presses unequally on one sex to the supposed advantage of the other." "Give these women shelter, give them protection if they ask it, give them help and advice; cure them of disease, and if they wish for other employment find it for them, for whatever may be said of man the worst use that can be made of woman *is to turn her into a prostitute.*" Is there a man breathing with the slightest pretensions to wisdom, philanthropy, or common sense, who doubts that the worst use you can make of a woman is to turn her into a prostitute? I trow not; and yet the Contagious Diseases Acts are PROSTITUTE MAKING Acts. These laws catch, register, ticket, and warrant clean for safe usage. Mr. Parsons tells us that the number at the three towns Portsmouth, Plymouth, and Devonport, has doubled under the operation of the law, and ascribes this singular phenomenon to the fact that the police have forced on to the register, that is, turned into common prostitutes, numbers of poor silly girls on the ground of "ATTEMPTED PROSTITUTION!!!" whatever that may mean.* Attempted prostitution!! Was there ever such a damnable system? Of course those who support it don't know what they are doing, but they ought to know; this law is, on the face of it, unutterably mean and obscene beyond conception; unparalleled for its cruelty and injustice; and no amount of false facts or specious reasoning is any excuse for one moment's toleration of its manifest and palpable iniquity: it is a law which forbids the victim of seduction to conceal her shame, drives her into the ranks of open prostitution, breaks down the bridge behind the sinner, and, as Mr. Lefort says of the same system in Paris, "FATALLY DEVOTES HER TO A LIFE OF PERPETUAL PROSTITUTION." Ponder this, ye mock humanitarians, who air a sneaking kindness for tyranny under the garb of religion. In ten years in Paris only 220 registered women escaped from their bondage by marriage, and in the same time only 347 having proved their reformation to the satisfaction of the police,† and, after six months of police supervision, have been struck off the register. Now, as Dr. Drysdale observes, "every medical man of hospital experience knows well that the majority of prostitutes in this country leave the streets and marry, or resume industrial occupations in a very short time." Mr. Cooper, of the Rescue Society, says that the great majority quit prostitution in a

* See reply to Mr. Tipping—(Commons, 377.)

† M. Daubie says: "These are old soldiers; models, doubtless, of chastity in a military sense;—I wonder what satisfies them?"—See *Lancet*, May 28th, 1870.

few months, but in France and wherever this disgraceful law is in force, "once a prostitute always a prostitute" is true of every unfortunate who can be forced on to the register. Mr. Holmes Coote continues, "make provision that these women have ample accommodation to receive them in the hour of sickness, and let such hospitals be readily accessible without unnecessary exposure or disgrace." That is the real remedy that so far as is possible will stamp out disease. Mr. J. R. Lane, Surgeon to the London Lock Hospital, observes on this point, "that much more good may be done by free hospitals than by police interference; police regulations can get only a certain number of women, whereas, free hospitals will be resorted to by all who are suffering from disease, even those who have contracted it clandestinely and who would escape the police." As no nation with a grain of sense, or spark of feeling left, can desire the infamous degradation of its women for the convenience of troopers, even the supporters of the Contagious Diseases Acts must allow that if women will avail themselves voluntarily of suitable treatment when diseased, there is no necessity for disgusting periodical examinations, police spies, and other abominations which are the necessary accompaniments of any form of licensed prostitution either in this country or elsewhere, and there is abundant evidence to show that free hospitals, or wards in connection with existing hospitals, would be gladly resorted to by all who required treatment, not only by those whose self respect prompted evasion of police control and disgusting inspections and who consequently under the *regime* of Contagious Diseases Acts, are more or less sources of permanent infection, but also by a large proportion of regularly inspected women who hate and defy the detective doctor and successfully conceal disease.

In page 10 of the Blue Book, containing the report of the Lords Committee, I find the following: "It has been amply shown by evidence before the Committee that the very efficiency of the act tends to lessen its success by inducing diseased prostitutes to flock into the places where it is in operation in order to gain the benefit of treatment in the hospital," *i.e.*, in spite of the obstacles put in the way of voluntary patients by the Compulsory Contagious Diseases Acts, and the penalties of nine months imprisonment, prostitutes really diseased are so anxious to be cured of venereal ailments that they brave all the infamy so carefully heaped upon unfortunate women by that measure, and flock to the hospitals in order to be cured. In face of the fact that the last army medical report bewails the inefficiency of the Act and complains that the increase of disease under its operation has been 33 per 1000 of force, I think the less said about its efficiency the better, but the evidence as to the flocking of diseased prostitutes to hospital for treat-

ment is simply fatal to the scheme of the compulsory fanatics who will insist in doing in one way that which can only be accomplished in another. In page 13 of the same report, Mr. Veasey remarks "that the periodical examinations were unnecessary, simply because the hospitals were filled with voluntary patients without it."

M. Mallalieu in reply to Earl Nelson (2,187) remarks "that the hospitals attracted diseased women who were eager to take advantage of the relief offered by the hospital. In Portsmouth for instance, they came in from Southampton and Winchester for the purpose of being treated." The same witness also stated "that at Devonport the hospital, even with an enlarged number of beds was overflowing, and that several women were waiting for vacancies." The same witness remarked "that if coercion were adopted it would bring them to a stand still very soon."

Mr. Berkeley Hill (2,285) says in answer to the Chairman "Hitherto, except at Aldershot and Sheerness, the demand for beds has been so great through the summer that they had not been able to examine the women frequently." They only examined diseased women, in fact so many came to hospital of their own accord to be cured that all the beds were filled, and they were unable to carry out the detestable investigations of healthy women for which the Act provides. The same witness remarks "that diseased prostitutes came to districts where the Act was in force, and when they are found out the worst punishment that awaits them is simply WHAT THEY WANT THEMSELVES, NAMELY, TO GET INTO HOSPITAL."

Peter Leonard, M.D., (2,346) says "the women have come forward voluntarily to be treated, they are very willing to take advantage of the Act for the purpose of being cured. In fact they are very glad to do it." Further on the same writer says "THE WOMEN WOULD SUBMIT TO ANYTHING RATHER THAN BE WITHOUT SOME PLACE WHERE THEY COULD GO TO TO GET CURED."

Mr. Woollcombe, (2,536) says "there has been a considerable importation of women; they have come into town from other quarters FOR THE PURPOSE OF GETTING ADMISSION INTO THE HOSPITAL; they have come from the lower end of Cornwall and various other places. The women are certainly amenable to kindness and careful good treatment to an extent which is very satisfactory."

Mr. Skey, (2,617) says "as to women refusing to enter the lock hospitals I do not believe it at all, my experience and observation of them would enable me to say that there is no objection whatever on their part."

The Chairman (618) replies "I do not think the evidence we have had militates against what you say—"THE WOMEN ARE WILLING ENOUGH TO ENTER THE LOCK HOSPITALS."

Mr. Paget (2,677) is asked, "Do you think women generally of that class would voluntarily enter the hospitals if there were hospitals established in every locality?" And replies, "I think they generally would, the lowest of them *certainly* would, and the lowest are, on the whole, the greatest propagators of the disease."

Surgeon-Major Wyatt says, "the lowest class of prostitutes, such as are found in our garrison towns, the class referred to by Mr. Paget, would make no difficulty about going in lock hospitals or any other hospitals." The same witness says, "the better class would not like to incur the disgrace of going to a lock hospital, BUT THEY WOULD READILY GO TO GENERAL HOSPITALS IF THEY HAD WARDS ATTACHED FOR THE TREATMENT OF SUCH CASES."

Captain Harris (p. 84) says "there is a constant influx of diseased women to the towns where the Act is in operation THAT THEY MAY GET INTO HOSPITAL AND BE CURED."

Dr. Trench, Health Officer for Liverpool, says that "several patients came to the refuge in the casual ward for the sole purpose of being put in the lock, that they might be cured of their diseases, and there would be a natural fear on the part of the inhabitants of Liverpool that the venereal hospital would attract patients from other towns for whom they would have to pay," *i.e.*, they know so well that women who required treatment would make any sacrifices to secure it, that they fear to establish an hospital, it would prove such an attraction to diseased women!!!

The Rev. J. G. Bailey, of Chatham, says, "we have had instances of women coming from a distance—Canterbury, Dover, and Margate,—and offering themselves voluntarily BECAUSE THEY WERE DISEASED." He further says, "the Act defeats its object because THE HOSPITALS ATTRACT DISEASED WOMEN."

Mr. Acton, being asked about girls being inspected by the police, expressed the feeling which every right-thinking man must entertain, when he replies, "ONLY VOLUNTARILY, I HOPE." This gentleman, who had evidently been advocating the Act under the impression that it meant only the establishment of voluntary hospitals, says, "I thought myself, that women voluntarily came forward and went into hospital when they were diseased—that the object of the Act was that they should be taken into hospital,—and my wish would be to make it SO THAT THEY SHOULD HAVE EVERY INDUCEMENT TO COME FORWARD;" and I have no doubt that is the feeling of the medical men who support the Act—they know little or nothing of its disgusting provisions and the frightful evils it is sure to inaugurate. Now, we who oppose this iniquitous measure are prepared to carry out what Mr. Acton requires; we are prepared to establish lock hospitals for the lowest

class of prostitutes, and wards and out-patient departments in connection with existing infirmaries and dispensaries for girls who are not prostitutes, who are above that class, but who have unfortunately become diseased; women who cannot be controlled by Act of Parliament, and speaking of whom Mr. Acton says the Continental police have not succeeded in getting them under control—"neither in Paris, in Vienna, in Belgium can the police do it" (although they have utterly destroyed the liberty of respectable women in the attempt). Further (2,138), Mr. Acton says: "I do not think women would dislike to apply voluntarily to such institutions where they know that their complaints are efficiently treated;" in fact, I could fill pages with overwhelming testimony as to the fact that women so soon as they are diseased will gladly go anywhere to be cured, provided they are spared unnecessary disgrace or shameful exposure, and are received with such sympathy as is the right of every human being, Diseased women are readily amenable to kindness; THEY KNOW WHEN THEY ARE DISEASED LONG BEFORE THE DOCTOR CAN DETECT IT WITHOUT THEIR CO-OPERATION, and what, I should like to know, do the promoters of Contagious Diseases Acts want with healthy women, whether they are prostitutes or not? In fact, the whole thing is one of the greatest blunders ever achieved by the stupidity of Englishmen. The promoters of the Acts say women come of their own accord readily enough to hospital, but they are too ready to leave: I say there is no proof of that, but quite the contrary. Mr. Thomas Woolcombe says: "when we had no power whatever to detain the women if they chose to go out he used to experience some inconvenience when a ship came in, or, perhaps, a new regiment, or something of that kind, but he generally got over it by giving them some tea or amusement, and the practical result was that, in a great number of cases, they did not leave the hospital." If the women were told the condition of entry was that they should remain until cured, they would readily consent, and, if fairly treated, would consider it A POINT OF HONOUR TO KEEP TO THEIR WORD. In the Lourcine Hospital, in Paris, the authorities have no power to detain the women, yet no difficulty whatever is experienced in doing so: if a patient wishes to leave before she is cured the physician remonstrates with her; if she persists, Sisters of Charity persuade, the superintendent advises, and the girl's companions reproach her,—the result is, she always gives in and remains so long as is necessary.

Mr. Sloggett tells us that "many women who had been confined for months, and who, although not quite cured, were entitled to their discharge, have willingly expressed their readiness to be re-admitted on the same day to undergo a similar probation on his requesting

them to do so. With this last exception, the whole of the preceding evidence is copied from the blue book of the Lords' Committee. Space will not permit of further proof from the Commons that there is no need of compulsion. Moreover, it is not necessary,—“the spirit of genuine Christianity works not by force but by the subtle influence of kindness,” and the sooner the authors of these laws acknowledge that truth the better for them and the country at large. In an able paper, published in the *Westminster Review*, the January and April numbers of which I strongly advise all interested in this subject to read, the writer shows that the voluntary system is the only one at all adequate to cope with the diseases incidental to promiscuous intercourse.

Mr. Gisborne, of Derby, informed me that since the establishment of a voluntary hospital they had never had any disease of consequence. Dr. Scott, of Dumfries, bears similar testimony; and there is no doubt whatever that if, in the next report from subjected garrison districts, it could be shown that disease had diminished, that diminution would be due not to any obscene and disgusting periodical inspections of women, but simply to the establishment of hospitals for women, the introduction of lavatories into soldiers' brothels, and the more careful inspection and seclusion of soldiers themselves—ALL OF WHICH WOULD BE FAR BETTER ACCOMPLISHED WITHOUT ANY CONTAGIOUS DISEASES ACTS THAN WITH THEM; “any good results are precisely what voluntary efforts, under the direction of enlightened public opinion, would most surely achieve, ONLY IN FAR GREATER MEASURE, and unmixed with all those evil consequences which, as experience has shown, have always been produced by the forcible control of prostitution in a manner similar to that which these Acts authorize.”

For my own part, I do not place the slightest faith in the statements which have been adduced as to the failure of the voluntary system. Let those who believe in the power of kindness and human sympathy with the fallen have the direction of voluntary hospitals, instead of the advocates of licensed prostitution, and we should soon have sufficient proofs of the success of such efforts. Moreover, considering the difficulties of diagnosis of disease in women, I accept with great caution the statistics as to the number affected at certain districts, both before and after the application of the Acts. It is not enough to have a few beds, the very existence of which (and the hospitals in which they are placed) are unknown to the women; it will not do to throw difficulties in the way of admission, or to receive applicants with austerity. The victims of our social arrangements must have every inducement to come forward; papers must be circulated amongst them, pointing out the nature of their maladies, the

wickedness of communicating disease, and earnestly soliciting the attendance of those afflicted. Their liberty, moreover, must be restricted as little as possible—the vast majority of these cases are trivial and do not require confinement. Men never dream of going to bed or into hospital for such affections; private patients do not abandon their usual avocations, give up hunting or any other sport or pastime; and if one of these is wicked enough, as some are, to infect a female, what sense or justice is there in giving *her* nine months' imprisonment for the misfortune which he has been blackguard enough to inflict, and which he is still free to inflict on others *ad libitum*? To knowingly communicate disease by either sex might be made a punishable offence; sores should be destroyed entirely and at once; while milder affections are readily prevented or cured by lotions which are regularly used by the registered women in France, and which the clandestines would also employ but for fear of detection by their enemies the police mouchards.

I could guarantee in any town, on purely free and voluntary principles, by the magic of kindness and even-handed justice, to do more towards repressing disease at a trifling expense, than would ever be accomplished by this hideous law, after enormous outlay and an annual tax of millions of money. We are told that the women must live by prostitution, although they may be diseased;—to which I reply that a few shillings a week would obviate that necessity. The destruction of sores would prevent their carrying on prostitution, and the small pittance itself, unaccompanied by undue restraint, would be one of the strongest inducements for them to come forward, if they suspected they were diseased. The truth is, the voluntary system was never meant to succeed. Such essay as has been made was merely intended to try the temper of the people, and on the first opportunity to substitute in its place the continental system.

The following table, furnished to the Committee of the Lords by Mr. Romaine, shows how far the promoters of these laws are justified in claiming for their system of police spies and periodical examinations of healthy women, any advantage over a system of voluntary hospitals, and the treatment and restriction only of such women as were known to be diseased. The table refers to sailors and marines stationed at Plymouth.

1864—Number of men suffering from venereal diseases				} 129·7 per 1000
			during first six months	
1864—	„	„	second six months	120·1 per 1000
1865—	„	„	first six months	104·8 per 1000
1865—	„	„	second six months	101·7 per 1000
1866—	„	„	first six months	62·3 per 1000

In face of this most satisfactory decline, the Act of 1866 was applied in the second half of 1866, and the full continental system enforced, with the following result:—

1866—	Number of men suffering from venereal disease	}	62·3 per 1000
	during first six months		
1866—	„ „ „ second six months		60 4 per 1000
1867—	„ „ „		49 3 per 1000

Showing a reduction of 13 per 1000 only under the continental system, in face of a previous reduction of 67 per 1000 without any licensing, legalising, periodical examinations, or other indefensible atrocities. Moreover, we have no evidence as to how far the disease was declining before the introduction of the Act of 1864, and there is every reason for believing that the very satisfactory decline adverted to in page 9, so far as the army is concerned, was also manifest in the navy, and that the reduction noticed prior to the adoption of the Act of 1866 was due to the natural fall in this class of cases, which Dr. Balfour tells us *he noticed at all the stations prior to the introduction of these laws.*

Mr. Holmes Coote tells us that the earnest men who met some years ago to originate the movement which terminated in the passing of the Contagious Diseases Acts had little idea of the use that would be made of their labours and advice. He says: “As one of those who took an active part in all that then transpired, I loudly maintain that the idea of the compulsory examination of women, their enforced subjection to the police, their exposure to the penalties of registration and imprisonment, were views which would have been scouted by the gentlemen who met to devise means of giving shelter and protection to unfortunate females.” He continues, “the miserable abortion of all these high aspirations is now before the public, namely, a set of penal, or, as they are called sanitary laws, of a character sufficient to disgrace a despotic monarchy.” “To whatever conclusion society may arrive, of one fact we may rest assured, namely,—that severity of legislation will never accomplish any good end; the evil glides from the rude grasp of the law, like a shadow dance, only to appear elsewhere in a novel and perhaps more seductive form. Do not legislate for or against it.” “Some women prostitute themselves when deserted by their husbands, that they may give comforts to an infant or growing child; others to eke out a miserable stipend, so that the class called gay by no means comprises the greater number; but with one and all I have noticed this peculiarity—they are quiet and apparently contented if left alone, polite and even respectful to those whose business it is to attend on them.”

Having from time to time had the management of lock wards myself, I can thoroughly endorse this eminent surgeon's statements, and must say that we are deeply indebted to him for his manly protest

against the unwarrantable assumption that medical men, as a body, are in favour of such laws. When, on the 6th of May, a deputation waited upon Mr. Bruce, the Home Secretary, on behalf of those who feel that the repeal of these Acts is a very imperfect reparation due to the nation for the wrong they have inflicted, he informed them that the law had been enacted in obedience to the representations of the few earnest medical men to whom Mr. Holmes Coote refers. It is well, therefore, that the right honourable gentleman, and all concerned, should know that the black Acts which have been recently forced upon an unwilling people by our paternal government, would have been "scouted" by the scientific gentlemen who are now, by a strange process of reasoning, held responsible for them. For my own part, if I stood alone and all the world against me, I would still vehemently protest against such obscenely cruel and hideously unjust statutes.

There are two-and-a-half millions of women in this country who are obliged to live without male help. Thousands, though they work from early morn until late in the night, are unable to earn more than from three to five shillings a week, and are often unemployed. Frequently, too, aged parents or pining children are dependent upon them: starvation, and cruel, biting poverty urges them on the one hand; on the other, they are surrounded by temptations and beset by bribes. Let me ask: Is it just to stamp these poor creatures with life-long infamy for a fault which leaves their partners—the untempted, tempting, and greater sinners—untouched, and free to spread disease? or right that pure and virtuous women should be placed under the ban of a law, legalised espionage, in order that men may be vicious with impunity? I am not apologising for vice, but protesting against most dastardly cruelty, when I say that in the ranks of prostitution are to be found many women of noble character, most amiable disposition, and great natural talent, many of whom have been a mark of seduction for their beauty, and who have fallen from a mere exaggeration and perversion of all that is best, most loveable, and self-sacrificing in woman. To force these poor victims into the ranks of notorious prostitutes—to forbid all attempts at concealment of their shame—to brand them with the eternal infamy of registration, and periodically subject their frail, unconsenting bodies to such ruthless exposure and disgusting introspection—is, to my mind, purely and simply the very acmé of civilized barbarism, and must inevitably bring disgrace and ruin on the government that permits it!!!

Let those who have succeeded in stealing a march upon the country, and in secretly robbing British subjects of their just liberties, dilate upon the necessity of being calm and dispassionate. I say we do well to be angry; and it is our bounden duty to be indignant at the

indecent and revolting treatment to which unfortunate women are subjected, as well as the abolition of legal safeguards for *all* women.

The Contagious Diseases Acts—at the bidding of a bugbear—a fictitious terror—aim at the sacrifice of the first principles of the constitution of this realm. They assume that women are guilty until they prove their innocence;—brand them as unchaste until they do that which Diana herself could not accomplish, namely, prove their own chastity;—imprison them like criminals, although it is not even pretended that they have been guilty of any crime, deprive them of their liberty because they have fallen into misfortune, and on pain of indefinite imprisonment with hard labour, although avowedly healthy and harmless periodically torture them with indecent exposure and atrocious surgical operations. Such enactments shock our natural sense of right and justice, by making one law for women, and another for men; and mock us by an assumption of philanthropy, while sanctioning cruelties which find no counterpart in any other modern institution,—slavery included. They violate the first principles of morality—equal laws; and claim that they promote morality, and in the name of God and even-handed justice, impose all the penalties upon the weaker, less erring, and more tempted of two sharers in a common offence. These English laws are specially shocking, and infinitely more atrocious than anything which has yet been perpetrated in the name of the Administration in France, INASMUCH AS THEY SANCTION THE REGISTRATION AS COMMON PROSTITUTES OF GIRLS UNDER AGE AND LITTLE CHILDREN, IN SPITE OF THE REMONSTRANCES OF THEIR PARENTS; WIVES, IN SPITE OF THE RECLAMATIONS OF THEIR HUSBANDS; servants and female operatives, in spite of the intercession of their employers. They secure for a British Parliament the singular and unenviable distinction of being the first legislative assembly that has legalised prostitution. They hypocritically pretend not to license, while permitting—nay, encouraging—practice under certain conditions. They call the system voluntary, yet at the same time declare that it could not be carried out unless the victims were abject with terror; adopt as a fundamental axiom that prostitution is a necessity; complain of a paucity of prostitutes, and yet profess a desire to reclaim. They place the freedom, honour, and sacred personal rights of English women under the brutal control of the lowest executives, who, in the guise of swell-mobsmen, are permitted to make offensive overtures to decent women, in the hope of multiplying the number of apparent cases falling within the scope of the Acts. They force comparatively innocent girls into dangerous and demoralising association, both at the periodical examinations and for long periods of hospital imprisonment, with utterly abandoned women. They tax already overtaxed honest people

to secure safe prostitutes for dissolute men, yet fail to secure them; and spend £7,313 to save £3,600, and after all do not save it. They encourage the soldier in the despicable meanness of informing against the woman he has recently clasped to his bosom with protestations of affection; make the surgeon an executioner of unjust laws, and agent of police spies; the chaplain a part and parcel of a vast system of licensing and disinfecting prostitutes for public use; and, by introducing a military metropolitan police into provincial towns, uncontrolled by municipal authorities, inaugurate a central despotic bureaucracy fraught with danger to the liberties of Englishmen, and tending to the destruction of our constitutional right to local self-government. Such laws debase women, debauch men, destroy the liberty of the subject, and, in spite of all, so thoroughly fail in the attainment of the object in view, that they positively tend to increase disease: for whatever renders vice apparently safe, and increases its prevalence, must increase disease. You cannot divorce incontinence and venereal disease; debauchery is not possible without penalties; and there is no forgiveness for physical sin.

